

Assure HealthCare Group (South) Ltd

Northbrook

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Northbrook is a supported living service providing personal care to two people at the time of the inspection. It is based in premises that include ten self contained flats, which have their own kitchenettes and shower rooms. There are also a suite of offices on the second floor. On the ground floor there are communal areas which include a large dining area, a sensory room, a cinema room, a large meeting room and communal kitchen. There are also three additional premises that operate as satellite services from Northbrook, these accommodate a further four people who receive personal care.

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

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

Right Support:

People and relatives told us how they or their family member could choose how they wanted to live and received the support they needed to do this. Staff encouraged and supported people's choice and independence.

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 encouraged and supported to maintain a healthy lifestyle and supported to enjoy a wide variety of hobbies and interests which maintained their sense of well-being.

Risks were well managed with the least possible restriction and people were well supported to maintain and develop an independent lifestyle and lead active lives.

Right Care:

Care and support were provided according to people's individual needs and wishes. Staff ensured people's privacy and dignity were respected. People felt safe with staff and enjoyed spending time with staff who they knew well. Staff knew people's care needs well and ensured care and support was delivered according to

people's individual needs.

Support plans were clear, detailed and provided up to date guidance and information for staff. They gave clear information for how staff could recognise if people were upset or anxious. Staff followed positive behaviour support plans to help people avoid becoming distressed in the first place, and to ensure appropriate safe, effective care was provided.

Staff had training on how to recognise and report potential abuse. There were enough staff on each shift to ensure people were supported safely. Staff received a robust induction and completed specialist training to ensure they supported people safely.

Right Culture:

People using the service, relatives and staff had confidence in the leadership of the service and felt it was well-led. The registered manager and provider-maintained oversight of the service through regular conversations with people, relatives and staff as well as through a programme of quality assurance audits to ensure the service was working to the provider's policies and procedures.

The provider's monitoring processes were effective in helping to ensure people consistently received good quality care and support. Both permanent and the regular agency staff knew and understood people well and were responsive to their needs. People and those important to them were involved in planning their care.

The registered manager demonstrated joint working with health professionals which provided specialist support to people, involving their families and other professionals as appropriate. Staff demonstrated good understanding around providing people with person centred care and spoke knowledgeably about how people preferred their care and support to be given.

People, relatives and staff felt confident in raising any concerns with the registered manager and told us any concerns would be listened to and acted upon.

Staff and relatives spoke of an open, supportive and friendly culture within the service, that placed people and their needs at the heart of the service.

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

Rating at last inspection

This service was registered with us on 28 January 2021 and this is the first inspection.

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Northbrook

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service three days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 December 2022 and ended on 16 December 2022. We visited the service on 13 December and 15 December 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We met three people living at Northbrook. We spoke with two of them, including one person who was not receiving a regulated activity, and five relatives about their experience of the support provided. We spoke with five members of staff including two registered manager's, a deputy manager and two support workers. We reviewed a range of records. These included three people's care records, three people's medication records, and six staff files in relation to recruitment, training and supervision. We also reviewed a variety of records relating to the management of the service, including staffing rotas, policies, procedures and quality assurance records.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comfortable with staff, they told us they enjoyed living at Northbrook. A relative told us, "Oh yes [person] is safe and settled, they love the staff."
- Staff understood their role in protecting people from abuse. Staff spoke knowledgeably about how to recognise the different types of abuse and how to report any concerns
- The service followed the provider's safeguarding policies and procedures. The policies gave staff clear guidance to follow if they needed to raise any concerns with the local authority. The management team worked closely with the local authority safeguarding team to address any potential concerns.

Assessing risk, safety monitoring and management

- Risks to people and the service were managed so that people were protected and their wishes supported and respected. People and their families were involved and included in their risk assessments. Risk assessments were detailed, current and ensured a reduced risk of harm with the least possible restriction to people's independence.
- Risk assessments gave clear guidance for staff on what may trigger anxiety or incidents for each person and how staff could safely de-escalate a situation.
- There were systems in place to ensure the premises were maintained safely. People had personalised emergency evacuation plans completed to ensure a safe evacuation from the premises in an emergency such as a fire.

Staffing and recruitment

- There were enough staff on each shift to ensure people were supported safely. Staff knew people very well and consistent agency staff were employed to ensure continuity of care. People and their relatives told us there were enough suitably trained staff available at all times.
- Staff had the skills to support people safely and effectively. A relative told us, "Everybody is so caring of [person]. They seem to have a good group of staff, including the agency staff who know [person] well, and they're very good with [person]. [Person] has had the chance to get to know them [staff] and it all works out."
- Staffing rotas correctly reflected the levels of staff on duty during our inspection visit. Annual leave or staff sickness was covered by existing staff and the use of agency staff. The same agency staff were used to ensure people received consistent care and support.
- The provider had a robust recruitment process to ensure staff were suitable to work with adults in a care setting. This included obtaining a staff members full employment history with reason for leaving previous jobs, checking and verifying references and Disclosure and Barring Service (DBS) checks. DBS checks provide

information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were safely managed, stored and administered. People received their medicines when they needed them.
- People's needs in relation to medication were individually assessed and covered in their support and care plan. Reviews were completed with a view to increasing people's independence in administering their own medicines if possible.
- Where people were prescribed medicines for occasional use, staff had guidance that explained how and when these should be administered.
- Staff who administered medicines had received up to date medicine training and had their competency checked regularly.
- Medicines administered were recorded on people's medicines administration records. There was a robust system of medicine audits in place. This ensured the risk of medicine errors was reduced and also made sure stock levels of medicines were reviewed regularly.

Preventing and controlling infection

- Staff spoke knowledgeably regarding infection prevention and control and received training to ensure their knowledge remained current. The management team kept up to date with government guidance for the management of COVID-19 and preventing the spread of infection
- Supplies of PPE, such as disposable masks, aprons and gloves, were readily available for staff and worn when appropriate.
- People and staff had been supported to access coronavirus vaccination, including boosters.

Learning lessons when things go wrong

- There was a clear procedure in place for reporting and recording accidents and incidents. The registered manager discussed some recent medicine errors and the systems that had been put in place to ensure re-occurrence was reduced.
- The registered manager reviewed incidents and accidents which allowed for emerging trends or patterns to be highlighted. This ensured incidents were responded to appropriately and lessons shared and learned with staff.
- Lessons learned were shared as appropriate with staff through handovers, supervision sessions and team meetings.

Is the service effective?

Our findings

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

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

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

- People and their relatives were involved in their day to day care and support and told us they felt listened to and able to make their own choices. Support plans reflected people's current physical, psychological and social needs and preferences and were regularly reviewed and kept up to date.
- Assessments of people's needs were comprehensive, unique to each person and contained information and guidance for staff to follow to ensure people were effectively supported in ways they preferred. These formed the basis for detailed care and support plans to be completed for each person.
- The management team and staff described how people had thrived with the support they received, leading active lives, becoming more independent and experiencing an improved sense of wellbeing. One person told us, "I'm going out to have a coffee and a mince pie. I'll like that."
- Care and support was planned and delivered in line with current legislation and good practice guidance. The service used a Department of Health recognised approach called Positive Behaviour Support (PBS), when developing plans to help understand and support people. PBS is an assessment to understand the behaviour of an individual based on the social and physical environment in which the behaviour happens.
- The registered manager kept up to date with good practice and ensured staff were aware of this. People's support was planned and delivered accordingly.
- People were supported to be themselves and given access to information and support to live their lives as they chose. This included them being provided with support to consider all aspects of their gender, sexual orientation and disability.

Staff support: induction, training, skills and experience

- Staff spoke positively regarding the induction process they had received at Northbrook. Staff completed an in-house induction and then spent time shadowing more experienced staff so they got to know people before caring and supporting them independently.
- Staff received regular supervision meetings which they found helpful and supportive. The sessions were used to develop and motivate staff, reviewing their practice and checking if staff wanted to progress further or develop specific skills or training related to their interests.
- A member of staff said, "I've recently finished the Care Certificate and my six-month probation is just ending. I've had supervision sessions and they have all gone really well. It's nice to hear different people praise me. I appreciate praise rather than constructive criticism all the time." The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People were well supported by appropriately trained staff. Staff told us they could access the training they

needed and had found the training detailed, helpful and well delivered. A member of staff said, "Training has been excellent. We do a bit of both, online and face to face practical training. The best one I really liked was the safeguarding training. It built up my faith in social care again and really built my faith in this service."

- Staff told us they felt well supported by their management team and colleagues. One member of staff told us, "I feel supported in my job. For instance, initially I struggled with [person] but I was supported to watch and learn. They are very patient here and ensured I was confident before continuing."

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

- People were encouraged and supported to be fully involved in the planning, preparation and shopping for their meals. Staff supported people to make healthy food choices, however their preferences and favourite meals were respected.

- A relative told us, "I think [person] is improving with his food. They are managing his food really well. They really cater for him and they will sort something else and other meal options and ask [person] what they want." Another relative said, "The only thing now and then is I have to remind them about watching [person's] weight. Not everyone is careful and some of the staff need reminding but on the whole they are very good."

- People's dietary needs were recorded in their support plans and staff spoke knowledgeably about people's food likes and dislikes. Clear guidance was included in people's care plans regarding how staff could best ensure people ate well and consistently. For example one person needed their food cut into small pieces so that they were not over faced, another person liked staff to sit with them while they ate.

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

- The service worked collaboratively with external health and social care professionals and specialists. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure people got the most appropriate health care. These included epilepsy specialist nurses, speech and language therapists and professionals from the community Learning disability team.

- A relative told us, "They have a very good understanding now. If [person] has a little knock the paramedics come straight away. They used to take [person] to hospital every time which was disruptive and not necessary. I speak with the staff daily they are open and transparent even if [person] is not having a good day and when there is any reports they send it to me. The care staff deserve a medal."

- People were supported as far as possible to have an active role in maintaining their own health and wellbeing. They accessed health services as they needed, including annual health checks, sight tests, dental check-ups and age-related health screening.

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

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

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

We checked whether the service was working within the principles of the MCA.

- Staff had received training in MCA and spoke knowledgeably regarding how it applied to the people they supported.
- Staff worked within the principles of the MCA and sought people's consent before providing them with support and assistance. The service was aware of, and held details of, people who had court-appointed deputies with the legal authority to decide on the person's behalf.
- Where there were doubts about a person's mental capacity to make a particular decision, staff assessed their mental capacity to do so. These assessments reflected MCA requirements to assist the person to understand the decision and to communicate their thoughts about it.
- Where a person was found to lack mental capacity, a best interests decision involving the person, their relatives and professionals identified the least restrictive possible care that should be provided.

Is the service caring?

Our findings

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

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

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

- People were treated with respect, kindness and compassion. People told us they liked the staff who knew them well. One relative told us, "We get on with all the staff, they are amazing with [person]. If there are any concerns or queries they are on board straight away. I always check any issues with the staff and it all makes sense. They love [person] to bits and [person] loves them."
- Throughout the inspection we observed positive interactions between staff and people. Staff showed genuine warmth and compassion when supporting people. Staff knew people very well and ensured they delivered their care and support in ways that people preferred.
- The service took a person-centred approach to care and support. People's care plans and support records set out aspects of people's characteristics, beliefs and preferences to ensure people's equality and diversity were respected.
- Staff had completed training in diversity and equality and spoke knowledgeably regarding both subjects.

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

- People and their relatives were fully involved in decisions about their care. A relative told us, "They know [person] so well, it's unreal. They will tell me things that I don't even know about [person], they are brilliant."
- Staff and relatives told us communication was good and they were kept well informed about daily events and any changes to people's health and needs. A relative told us, "We are able to visit whenever we want... [recent mobility issues with relative have made visits more difficult] more often now they come and bring [person] to visit us. Whenever I ask for a visit they say yes, and they manoeuvre the rota so that [person] can come here and we can spend time together."
- People were offered encouragement and support by staff to make decisions they may find difficult. Staff respected people's choices and their rights to do what they wished.
- People, family members, staff and health professionals were all involved in decisions regarding ongoing care and support. People's views were listened to and acted upon and where possible people were involved in agreeing and compiling their own care and support plans.

Respecting and promoting people's privacy, dignity and independence

- Staff actively promoted people's independence and people were encouraged and supported to set themselves achievable, realistic goals to work towards. Staff guided people through specific tasks such as cleaning their bedroom, doing their laundry and preparing their meals and encouraged them to complete each step themselves.
- A relative told us, "[Person] is 100% more independent since living at Northbrook. We used to have to prompt [person] all the time, now they don't need prompting at all, it's so good. It's lovely seeing them so

independent."

- If people wished, they held their own electronic key fobs for their bedrooms which promoted their independence and privacy. Staff respected people's bedrooms as their private space, seeking permission before entering.
- Staff understood the importance of respecting people's rights to privacy and dignity and this was supported through people's care and support records.
- Some people were supported by staff on a high level throughout the day and night. Staff had discussed and come up with ways to ensure people were afforded full privacy at all times but were still supported safely by the staff team. The staff worked well together to ensure these people retained their dignity and privacy.
- Staff spoke knowledgeably about respecting people's dignity and privacy. They discussed how they made sure people were given their privacy when they wished and explained how privacy and dignity was discussed regularly during handovers, meetings and specific training sessions.
- Personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

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

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

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

- A relative told us, "They are absolutely amazing, we can-not fault it. [Person] has been there quite a few years and they are very settled. They love the staff."
- The service and staff demonstrated an individual, person centred approach which was reflected in care and support plans. These were detailed, regularly reviewed and reflected people's preferences, strengths and commitment to achieving their short and long term goals.
- Support plans and care records were clearly written and provided good detail for staff to follow. Where appropriate, support plans and records were completed in an easy-read pictorial format so people could follow their plans, this made them easily accessible.
- Each person had a brief pen profile, which had key information to ensure new or temporary staff had information to support them and ensure people could spend their day safely and doing things they enjoyed.
- People and staff knew each other well. Although people had keyworkers, staff knew all people using the service and had a good understanding of their support needs.
- Staff discussed people's support, wishes and progress during staff meetings and in their individual supervision meetings. These meetings proved supportive in nature and gave staff the opportunity to discuss different ways to support people that may be of benefit for people, what worked well and what could be done differently.

Meeting people's communication needs

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

- The service complied with the AIS. People's communication needs were identified and recorded in their support plans. These were shared with health and social care professionals as needed, such as on admission to hospital.
- Staff understood and put into practice the support people needed with communication. The service used a range of tools to help people communicate. These included Picture Exchange Communication System (PECS), use of Makaton sign language and Makaton signs and a Now and Next board. The Picture Exchange Communication System (PECS) is a way for autistic people to communicate without relying on speech. People use cards with pictures, symbols, words or photographs to ask for things, comment or answer questions.
- Makaton is a language programme that combines signs, symbols and speech to give different options for

people to communicate. Using Makaton signs can help people who do not use speech to communicate with others.

- The Now and Next board is a visual strategy which uses pictures and signs to help people understand and complete specific tasks. Its use can help people understand what is happening next which can help reduce anxiety levels.
- The service used sand timers as a visual aid to support people to communicate time. Sand timers were used for a period of 3,5,10,20 or 30 minutes and with sound to signal the end of an activity. The sand timer also aided in reducing anxiety levels as people found watching the sand move relaxing and calming.

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 supported and encouraged to keep in regular contact with their friends and families, whether through visits, video calls or phone calls. Relatives spoke positively about the support they had received from the management team and staff.
- A relative said, "They offer for [person] to go out every day and [person] has their own mobility car. If [person] refuses to go out there are indoor activities. They do puzzles, they watch bus videos with [person], [person] loves those. [Person] has also just started swimming. I'm really pleased it will give [person] some exercise which is good for them."
- Another relative told us, "They give [person] choices. [Person] tells me what choices they have had and they say, I'm going swimming, which he enjoys. [Person] also helps around the house with washing which is an improvement for them."
- People had been supported to take part in a wide variety of interesting days and holidays, these included, gardening, cycling, trips into the New Forest, holiday on the Isle of Wight, a cruise and a trip to Marwell Zoo.
- People led busy, active lives and took part in things they each enjoyed and that interested them, during daytimes, evenings and weekends, as well as undertaking necessary daily tasks. We observed people spent much of their day out and about with support from staff as needed.
- Staff worked with people to discover what they wanted to do, including trying out new activities such as hobbies and voluntary work, and joining new social groups. There was a focus on what people found meaningful and enjoyable.
- Support plans reflected hobbies and activities that people found meaningful, things they wanted to do and enjoyed.

End of life care and support

- No-one at the service was anticipated to be approaching the end of their life.
- Where appropriate some people had advance, end of life care plans in place, with as much information as they and their families were willing to discuss.

Improving care quality in response to complaints or concerns

- The service followed the provider's current complaints policy and procedure.
- Staff and relatives told us they felt able to raise concerns with the registered manager and trusted they would be taken seriously. A relative commented, "They have been really on the ball, no complaints whatsoever. I know they would sort any problems straight away. Definitely, I don't have to worry. I know [person] is in good hands." Another relative said, "Any complaint or issue with a staff member, as soon as I spoke with them they were on it straight away."

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives, staff and health and social care professionals told us they felt the service was well-led, with a clear management structure in place. A health and social care professional told us, "I have always had a very good service from them, they have always been very helpful and responsive."
- The Registered Manager told us, "My motto is, let's make tomorrow better than today for people"
- Staff and relatives commented on the open, friendly and supportive culture at the service. Staff spoke positively regarding the management team, a member of staff told us, "They help in the personal development of staff. They look after their staff well, support and develop them and invest in staff. Staff have the skills and experience to look after people and ensure staff get on with each person as individuals. We have made Northbrook a home for people. We present as friends so they are not feeling watched, just supported, it's very individualised."
- A further member of staff said, "On a senior level we come together as one team and help each other. We are very flexible, we support each other so no one is isolated."
- The registered and deputy managers worked closely with other staff in supporting people. People happily approached the registered manager and started conversations with them.
- Relatives praised the management team and their easy approachability. A relative told us, "I think it's well-led. The [name] registered manager has been absolutely amazing. They are on the ball and always telling me about [person]. The [name] registered manager is always approachable, friendly, calm and happy."
- The registered manager understood and exercised their duty of candour, being open and honest with people and their families in the event of something going wrong or a near miss.

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

- Staff were confident in the quality of care, support and guidance they were able to offer people which gave a strong focus on person-centred, individualised care for people.
- The registered manager and provider oversaw a schedule of audits, spot checks and observations that checked the service was following the provider's policies and procedures to provide good quality care and support. These included audits of, medication, infection prevention and control, health and safety and people's finances. Any issues identified had corrective action taken on them to ensure people were cared for safely.
- There was a process of continual improvement and quality assurance to ensure the quality of the

provision was maintained. The systems ensured the registered manager had clear oversight of the service.

- Staff had regular supervision sessions where they reflected on their work, the impact it was having on them and their training and development needs. Staff told us they found the supervision sessions helpful and constructive and enabled them to discuss important issues on a one to one basis. They were able to put forward their own ideas and staff told us they felt listened to and valued.
- The service had met legal requirements by notifying CQC of significant events and incidents.
- Staff told us meetings and supervisions provided valuable time to discuss lessons learned and different ways of helping and supporting people.

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

- Staff attended regular handover sessions, team meetings and supervision sessions which enabled them to get updates about the service, discuss developments and talk about people's care and support. Staff told us they felt comfortable to raise any issues or ideas at these meetings and felt confident they would be listened to and any suggestions acted upon.
- Relatives told us communication throughout the service was good. Relatives felt involved in their loved one's care. A relative told us, "I've had a care plan from Northbrook at both the beginning of [person's] care and also at a review, they e-mailed it. They do keep me up to date."
- People and relatives were asked to complete quality assurance questionnaires to enable the service to gain their views on all areas of care and support that was provided. We viewed a selection of these which were in pictorial format and had all been positively completed. Comments included, "Happy and very happy." The last ones had been completed during 2022.
- The service had worked hard to build close working relationships with health and social care professionals to ensure people received the care, treatment and support they needed. We received positive feedback from health and social care professionals who said they felt the service was well led and achieved good outcomes for people.