

# St Andrew's Healthcare Winslow

## Inspection report

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## Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Requires Improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

# Summary of findings

## Overall summary

### About the service

Winslow is a nursing home and accommodates up to six people with a learning disability and or autism and mental health needs. People had their own individual apartments and received high levels of staff support. On the day of our inspection, six people were living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Staff had received an induction and ongoing support and training. However, mental health awareness training was limited in detail. Action was being taken by the management team to improve staff training. Nursing staff had not consistently monitored a person's physical health needs. Action was taken to improve this.

People had complex needs and received high levels of staff support. The use of agency staff had greatly reduced, people were receiving continuity and consistency in care and this was having a positive impact. Robust recruitment procedures were in place to ensure only staff suitable to care for people were employed.

People's medicines were managed safely, staff followed national best practice guidance. Risks associated with people needs had been assessed and planned for. Information to guide staff in the use of physical intervention lacked specific detail in places. However, staff were aware of risks and the action to reduce and managed these. Record keeping was an area the management team had identified needed improvement and had taken action to address this.

The internal and external environment was clean, well maintained and met people's individual needs and choices.

Staff were knowledgeable about people's needs and what was important to them, including diverse needs. Staff were kind, caring and supported people with a positive and respectful approach. People received a variety of ways to discuss their care and treatment needs and received support from an independent advocate. Improvements were being introduced about the involvement of people and their relatives or advocate, in formal meetings.

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. However, mental capacity assessments had not been completed in the use of physical intervention. The management team were aware of this and had plans to address this.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Some people had successfully moved on to live more independently. People told us they were happy with the care and treatment they received.

People were encouraged to make choices for themselves. Each person had their communication needs assessed and staff used effective communication and listening skills. People participated in hobbies and interests of their choice and supported to develop new friendships, which helped avoid isolation. Systems and processes were in place to monitor, analyse and manage complaints. People's end of life wishes had not been discussed with them, but the management team were aware this needed to be completed.

Staff were positive about their role and shared the registered manager's values in providing person centred, open and transparent care. Staff were clear about their role and responsibilities and governance systems were in place that continually monitored the quality and safety of the service. People, relatives and staff received opportunities to give feedback and this was used to develop the service. The provider and registered manager had met their registration regulatory requirements.

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 11 September 2018) and there was one breach of regulation. 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 regulation.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 not always effective.

Details are in our effective findings below.

**Requires Improvement** 

### **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** 

# Winslow

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Winslow is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Winslow was developed in response to the national 'Transforming Care' agenda, which aims to improve health and social care services so that more people with a learning disability can live in the community.

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

Before our inspection, we reviewed information we held about the service. This included the last inspection report, information received from local health and social care organisations. We reviewed statutory notifications. A notification is information about important events, which the provider is required to send us

by law, such as, allegations of abuse and serious injuries. 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 also contacted the Transforming Care Team and Healthwatch for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and one visiting relative about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, senior nurse, two nurses, three health care assistants and an agency health care assistant.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including incidents, complaints, safeguarding records, audits and checks on quality and safety

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, meeting records any action plans. We spoke with two relatives and two professionals who regularly visited the service.



## 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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service had information provided in easy read, to advise them of safeguarding and how to raise any concerns about their care and treatment. An independent advocate also visited the service regularly and was an additional resource for people to raise any concerns about their safety. Relatives were positive their family members received safe care. A relative said, "[Name] is settled and happy at the moment, I have no concerns about safety."
- Staff had received training in safeguarding, they demonstrated a good understanding of how to identify possible abuse and were clear of the action they would take to protect a person from harm. The provider also had a safeguarding policy and procedure to support staff.
- The management team had adhered to the local multi agency safeguarding procedures to report safeguarding allegations and incidents. This also included completing investigations and taking action to reduce further risks.

Assessing risk, safety monitoring and management

- Risks associated with people's needs had been assessed and planned for. However, inconsistencies were found in the completion of risk assessments. For example, a person's eating and drinking care plan stated the person was at risk of choking, but a risk assessment had not been completed. The risk was reduced because staff were aware of this risk and the person had staff with them whilst eating and drinking. We discussed this with the management team who immediately completed a risk assessment to further protect the person.
- Positive behavioural support plans provided staff with guidance of the strategies to use to support people at times of heightened anxiety. Staff had received accredited training in the use of physical intervention. The provider's policy in managing challenging behaviours advised staff the use of physical intervention should be used as a last resort. Staff demonstrated a good understanding of this. A staff member said, "Physical intervention is used very infrequently and only as a last resort."
- Care records for three people did not provide staff with specific details of the type of hold staff could use

when physical intervention was required. Neither did they include consideration of any physical health needs that may impact on safety. However, by talking with staff they showed a good understanding of how to support people. We discussed this with the management team and they agreed to review these care plans. Following the inspection, the registered manager forwarded us information to confirm what action had been taken.

- Risks to the internal and external environment were assessed and monitored. This included both fire and legionella risks.

#### Staffing and recruitment

- Improvements had been made to the employment of permanent staff. The use of agency staff had significantly reduced. A team of bank staff had also been recruited specifically to work at the service to cover any staff shortfalls. Where agency staff were used, staff were familiar with the service and this provided some consistency and continuity for people. A staff member said, "Staffing is much better, we hardly use agency staff and if we do it's the same staff so they already know people."
- People received the staffing levels they had been assessed as required. The staff rota considered staff skill mix, experience and competency. People and relatives told us staffing levels were good and staff were attentive, knowledgeable and supportive. Staffing levels on the day of the inspection reflected the staff rota.
- People were supported by staff who had been through the required recruitment checks as to their suitability to provide safe care and support. This included checks on nursing staff being registered with the Nursing and Midwifery Council, to ensure they were safe to practice.

#### Using medicines safely

- Medicines systems were safely organised, and people were receiving their medicines when they should. Nursing staff were following protocols for the receipt, storage, administration and disposal of medicines.
- Nurses had guidance about people's preference of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'. Nursing staff received medicine management and administration training and competency checks.
- An internal and external audit had been completed in the safe management of medicines in August 2019. Where shortfalls had been identified, an action plan had been developed to make the required improvements and we saw these had been implemented and were working well.

#### Preventing and controlling infection

- People were supported against the risk of infection and cross contamination. Staff had received infection prevention and control training and had a policy and procedure to support their practice. Staff used personal protective equipment such as disposable gloves and aprons.
- Cleaning procedures were in place and followed to ensure the environment was maintained to a clean and hygienic standard. We found the service to be visibly clean and free of malodour.
- The service had received a food hygiene rating of five by the Food Standards Agency. This is the highest rating level and confirms the service was meeting national best practice guidance in the safe management of food.

#### Learning lessons when things go wrong

- Incidents were recorded by staff and reviewed by the registered manager and reported to senior managers for additional review and oversight. Post debrief meetings were arranged with staff to reflect on what had happened, what worked well and what could have been done differently. A staff member shared an example of how staff had discussed a recent incident and how they had considered what they could have done differently. This included a review of how the person was communicated with during a behavioural incident.
- The management team told us and records confirmed, how they considered lessons learnt to reduce

further risks. This included a review of the person's care plans and risk assessments and referrals to external professionals for further advice and guidance.

- Additional monitoring of incidents were completed as a method to understand and learn more about lower level behaviours. Whilst behavioural incidents were infrequent, improvements were planned to analyse these to consider themes and patterns.



# Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Shortfalls were identified in staff training. Staff had not received training in certain mental health conditions and this put people at risk of staff not fully understanding their care needs. Feedback from an external healthcare professional also confirmed staff training in mental awareness was insufficient to fully understand people's complex mental health needs.
- Staff were positive about the support they received but acknowledged the training in relation to mental health awareness was limited. A staff member told us they found the induction and shadowing experienced staff, useful and supportive. Nursing staff told us they received clinical supervision and opportunities to develop their clinical skills and competency. All staff received opportunities to discuss their role, training and development needs.
- Staff training compliance was monitored to ensure staff completed refresher training to keep their knowledge and skills up to date. Compliance was found to be good. The management team told us they were working with the provider's training team and improvements were being made to staff training, and staff would receive this training in 2019.

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

- People's weights were monitored to enable staff to take action if concerns were identified with either weight gain or weight loss. One person required their food and fluid intake monitoring due to concerns about weight gain and the impact this had on their health needs. This person's mental health was also impacting on their appetite. Records to monitor these needs were found to be incomplete. However, the management team had taken action due to concerns and a meeting with the community learning disability nurse had been arranged. This meant the impact on the lack of recorded monitoring was low. However, the management team took immediate action to speak with staff about recording and implemented additional checks.

- People told us they were happy with the meal choices and how they worked with staff to develop their individual weekly meal planner. This also included food shopping, preparation and cooking of meals.
- We found food stocks were good but dating of food when opening was not being recorded. This is important in the monitoring of food and is best practice guidance. The management team took immediate action to address this issue with staff.

#### Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were assessed and monitored. Staff were provided with guidance of the support people required. Information about people's health needs was also presented in easy read, to support their understanding of any treatment and support.
- An external healthcare professional raised concerns about nurses being accountable in assessing people's healthcare needs and taking action when required. This was in relation to the assessment and treatment of a person's physical health care needs. Whilst action had been taken by nursing staff, they had required direction by an external healthcare professional. The management team were aware nursing staff needed to be upskilled in some areas and were addressing this.
- People were supported to access healthcare services such as the dentist, opticians and GP and to attend any specialist outpatient appointments with a psychiatrist or community nurse. Additional external professionals involved in people's care included, speech and language therapists and occupational therapists.

#### 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.

- Where a person had a condition attached to their DoLS authorisation this was being met.
- Mental capacity assessments and best interest decisions had been completed in accordance with legislative requirements. This was in areas such as medicines and finances. However, where people lacked mental capacity to consent to the use of physical intervention at times of heightened anxiety as a last resort, no MCA assessment had been completed. The management team told us they were aware of this and that this needed to be completed.
- We noted capacity assessments were recorded as being reviewed six monthly. We had concerns with this frequency and the impact on people's fluctuating capacity. The management team agreed and told us they would ensure capacity assessment and best interest decisions, would be reviewed monthly along with care plan reviews.
- Staff had received training in MCA and DoLS. Staff demonstrated a good understanding of the principles and action required, to ensure people were protected from unlawful restrictions and that decisions made on behalf of people were least restrictive and in their best interest.

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

- People received an initial assessment of their needs pre-placement, followed by regular review and monitoring of their ongoing needs. The assessment considered people's holistic needs such as their physical, mental, spiritual and emotional needs and well-being. Assessments also considered the protected characteristics under the Equality Act. For example, people's needs in relation to their age, gender, race, religion and disability were identified and planned for. This was to avoid discrimination.
- The provider had up to date policies and procedures based on legislation and best practice guidance. The management team told us how they used NICE - National Institute for Health and Care Excellence to support their practice and had plans to further upskill the staff, in their knowledge and awareness of these guidelines.

- People had experienced positive outcomes in how their needs and preferences were understood and met. An example of this was the support a person received in the menu choices provided that reflected their cultural preferences.

Staff working with other agencies to provide consistent, effective, timely care

- People's needs were effectively shared across agencies where required. For example, each person had a comprehensive health action plan that recorded their health care needs, appointments attended and outcomes. These were taken on health appointments and enabled an effective way of sharing information with external clinicians. Hospital assessment documents were also used to share information about a person's health and care needs with the ambulance or hospital service, in either a medical emergency or hospital admission.
- Staff shared information when required, with people's external professionals in health and social care involved in people's care.

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

- People had their own individual apartments, and these were furnished and designed to meet their individual needs and safety.
- People told us they were happy with their apartments and they had what they needed. Two people told us how they had chosen their decoration and furnishings that represented their personal preferences.
- People had access to a well-maintained communal garden, with outdoor seating, BBQ and football and a basketball nets. Each person had their own personal and safe decking area outside their apartment. A security gate was used at night, but not during the day, the management team told us they did not want to impose unnecessary restrictions.



## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind, caring and compassionate care and treatment from staff. People were positive about the care and treatment they received and told us they felt staff understood their needs and supported them well. A person said, "I like the staff they're good."
- Relatives were equally complementary about the caring approach of staff. They told us they were confident staff knew their relative and what was important to them. Relatives felt there had been an improvement to consistency in the how care and treatment was provided due to the reduction in the use of agency staff.
- Staff demonstrated a good understanding and awareness of people's diverse needs, past history and what was important to them. Staff were observed to have a positive, respectful and sensitive approach. They were well organised, had a calm and responsive approach and used effective communication and listening skills with people

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

- People were involved in day to day decisions about their care and treatment and how they spent their time. People were aware of their care plans and these were provided in easy read. A person gave an example of attending a particular type of meeting, arranged by external professionals to review their mental health wellbeing. This person told us staff supported them to attend this meeting. Another person had been involved in a discussion about a particular activity, an agreement had been developed with them which they had signed to demonstrate their agreement.
- Plans were in place to develop formal opportunities for people to attend internal meetings with either their relative and or advocate, and others involved in their care to discuss their care and treatment. A relative confirmed this had been discussed with them and were positive about this development.
- People had access to an advocate if they required help to express their views and there was information

about advocacy displayed in the service. An independent advocate visited the service regularly, they told us how they met people and gave examples of the support they had provided.

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

- Staff respected people's privacy and dignity and independence was routinely encouraged and promoted. Whilst people received high levels of staff support, staff were observed to provide this discreetly and were sensitive to people's personal space.
- People told us they felt staff listened to them and respected their wishes. During the inspection a person received a visit from their family, whilst they required two staff to support them, staff were respectful and provided support from a distance, enabling the person to spend time with their visitors.
- People gave examples of how staff encouraged and supported their independence in the completion of domestic tasks, such as cleaning their apartments and doing their laundry. Care plans provided staff with guidance of how to promote independence and we observed staff had an enabling and supportive approach. Feedback from an external professional was positive about how some people had moved on from Winslow to lower levels of restriction and greater independence.



## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Peoples' needs, preferences and what was important to them in how they received care and treatment was assessed and planned for. Following an assessment of a person's needs pre-admission, a transition plan was developed with the person if appropriate, their relative and external health and social care professionals. This was bespoke to the person and enabled them to be introduced to the service in a planned and coordinated way.
- Staff were provided with guidance to support them to provide a responsive and personalised service, based on people's individual needs. Staff told us guidance was detailed, supportive and was up to date.
- People had complex needs and an external professional provided very positive feedback about the outcomes and impact for people living at Winslow. People's quality of life had significantly improved by living in their local community.
- People received opportunities to have choice and control as fully as possible in how they received their care and treatment. This empowered people and gave them a sense of self-worth. The service adapted well to people's preferences and decision making. The management team told us of the plans they had to develop person centred care plans based on people's goals and how these will be outcome focused.

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.

- There was a positive and inclusive approach to meeting people's communication and sensory needs. People were supported with their preferred communication preferences. Staff had guidance of people's individual communication and sensory needs.
- Staff had received training to develop their understanding and awareness of different types of

communication people used such as Makaton (a form of sign language) and the use of pictures to support a person in choice making. The management team had made a recent referral for a speech and language therapy assessment of a person's communication. This was to further support and develop staff skills in providing effective and responsive care.

- The management team had a commitment to further develop communication opportunities. An example of this was the development of social stories as a method to support people. These are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why.

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 received support to participate in interests and hobbies and opportunities to develop social links and form new friendships. People accessed their local community with support and led active and fulfilling lives. People were supported to maintain contact with their relatives and to spend time together either in the community or within the service.
- People told us how staff supported them with activities of their choice. One person told us how they attended a community day service group where they participated in a variety of activities including voluntary work. This person also liked to attend football games of their favourite team. During the inspection they were supported to go and purchase tickets for a up and coming game.
- To reduce self isolation and to broaden people's friendship groups, theme activity days to mark different celebrations were organised by staff. A recent fun day had been arranged and was opened up to people living at another service to enable people to make new friendships. A person told us how this had been successful and had resulted in a positive outcome for them. This person had formed a new friendship and during the inspection was making plans to visit their new friend.

Improving care quality in response to complaints or concerns

- There was a positive approach to receiving and managing complaints. People had access to the provider's complaint procedure and this had been provided in easy read. Complaints were also discussed at service meetings with people. The visiting independent advocate also supported people to raise any issues or concerns to the management team.
- People and relatives told us they felt confident to raise any issues or concerns. The independent advocate told us the management team had responded positively to any issues raised and these were investigated with and a resolution sought.
- The complaints and concerns log showed where concerns had been received, these had been responded to in a timely manner and the outcome shared with the complainant. Lessons learnt were also identified and action was taken and communicated with staff.

End of life care and support

- At the time of our inspection no person was receiving end of life care. People had not been asked about their end of life care wishes and staff had not received training in end of life care.
- The management team told us they were aware end of life care had not been discussed with people and this was required. Due to the sensitivity of this topic, a planned and considered approach was required. The management told us staff would receive end of life care training when this was required.



## 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.

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

At the last inspection, the provider had failed to report notifiable incidents to CQC and this was a breach of Regulation 18 Care Quality Commission (Regulation) Registrations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The management team were meeting their regulatory requirements. All notifiable incidents had been submitted to CQC when required. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgements. We noted the rating from the previous inspection was displayed on the provider's website and at the service.
- A new management team at Winslow consisting of a registered manager and deputy manager had been appointed, and changes had also been made to senior leaders within the organisation. Staff were positive about the new management team and felt supported and valued. The management team were very knowledgeable, skilled, experienced and committed. They had a clear vision and determination to further develop the service.
- Staff were clear about their roles and responsibilities. Communication within the staff team had improved and staff were more involved in the development of the service and in decisions about people's care and treatment. Staff were well supported, were positive about improvements made and areas that were ongoing and felt valued and listened to.

- The management team were embedding new, used and improved systems and processes to monitor quality and safety. An improvement plan was in place to drive the service forward and action plans developed when shortfalls were identified through audits and checks.

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

- People who used the service, relatives and external professionals were very positive about the service Winslow provided. People told us they were happy with the service they received. Relatives told us they had seen improvements at the service in the last 12 months, this included staffing being more consistent and a management team that were inclusive. Professionals told us about the positive impact the service had on people who previously had significant restrictions placed upon them and the benefit of living and being a part of their local community.
- The management team told us the aim of the service was to provide local people with a community service that was a step down from secure accommodation. They were clear about the vision and values of the service. The focus was supporting people to lead active and fulfilling lives where social inclusion, independence and new opportunities were encouraged and positive outcomes achieved. Staff showed a shared vision in wanting the best for people and were seen to demonstrate the services' values when engaging with people.

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

- The management team were open and transparent and had a commitment to learn from mistakes. Relatives told us they found the management team to be approachable, supportive and had a willingness to engage and involve them in their relative's care and treatment.
- Communication within the staff team, people who used the service, relatives and external professionals were positive. Action in response to any area of concern was quickly acted upon and changes made to make improvements. This was communicated to staff via, handover meetings, staff meetings and emails.
- Accidents and incidents were reviewed for consideration of what lessons could be learnt to reduce incidents from reoccurrence. This was at registered manager level and by senior managers, this supported the provider to have continued oversight of the service.

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

- People received opportunities to feedback about their views and wishes about the service, through service meetings, by speaking with staff or the management team or via the independent advocate that visited them regularly. An annual survey was also sent to people, relatives and staff and the feedback was reviewed and the outcome shared.
- The management team told us they had an open-door policy, meaning they were available to people, visitors and staff when they were on site. They also provided suggestion boxes for both people, relatives and staff as an additional method to engage with people. They completed a daily walk around of the service and worked outside of normal office hours to be able to meet with staff and observe care and treatment at different times of the day.

Continuous learning and improving care

- Improvements had been made to staff and agency staff induction and new and improved training opportunities.
- Any relevant changes to legislation and best practice guidance was shared by senior managers within the organisation. The registered manager attended internal and external meetings and forums with partner

agencies to share best practice and to drive forward new initiatives.

#### Working in partnership with others

- The management team worked positively with external health and social care professionals. External feedback received was supportive and complimentary of the service Winslow provides to local people, and the positive impact and outcomes it has had on people's lives. Comments included, "The registered manager has developed open and honest relationships with local teams, clinicians and commissioners."