

Achieve Together Limited

Alderton House

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

Alderton House is a residential care home providing personal care to up to nine people. The service provides support and personal care to autistic people and people with a learning disability living in one adapted house. At the time of our inspection there were eight people using the service.

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

Right Support

People were supported to have 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. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. Staff supported people to achieve their aspirations and goals. They fully understood and responded to their individual needs. People had a choice about their living environment and were able to personalise their rooms.

Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

Staff promoted equality and diversity in their support for people. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was low, which supported people to receive consistent care from staff who completely understood the support people needed down to the smallest details. Staff placed people's wishes, needs and rights at the heart of everything they did.

People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

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 21 September 2020 and this is the first ratings inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

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

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.

Alderton House

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.

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

Inspection team

One inspector and one Expert By Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Alderton House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Alderton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We also observed that way staff worked with people in communal areas of the home.

We spoke with five members of staff including the registered manager, deputy manager, regional manager, senior support worker and one support worker.

We reviewed a range of records. This included two people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People told us they felt safe living at Alderton House. Relatives of people living at Alderton House told us they thought their family members were safe.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One relative told us if they had any concerns they would, "Initially speak to the manager, if I didn't feel it was dealt with, I would speak to the area manager who I've met and spoke to on a number of occasions. Other avenues in Company, other people to speak to in the Company."
- Staff recognised when people didn't feel safe even when they could not tell them using words. Staff were aware of people's body language and actions and responded appropriately. For example, one person refused to go out with a member of staff they didn't know very well.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality records. Staff kept accurate, complete, legible and up-to-date records. We discussed with the registered manager that all personal records such as daily records must be stored securely.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service., including for one-to-one support for people to take part in activities and visits how and when they wanted. One relative told us, "They do a thorough assessment package, got staffing in position, we visit and there's enough staff generally for everybody, it's well managed."
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals. Safe recruitment practices for staff had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Using medicines safely

- The service ensured people's emotions were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of

people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given covertly, and when assessing risks of people taking medicines themselves.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff received training and had their competences checked to administer medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives and friends were warmly welcomed into the home. They were encouraged to follow precautions such as wearing a mask to prevent the spread of infection.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

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 had care and support plans that were personalised, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- We discussed with the registered manager and deputy manager ways the support plans and goals could be more accessible to people. This was put into action straight away.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in learning disability and autism, mental health needs, communication tools, positive behaviour support, human rights and restrictive interventions.
- Updated training and refresher courses helped staff continuously apply best practice
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff told us they felt supported and could approach the registered manager or deputy manager with any issues.

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

- People received support to eat and drink enough to maintain a balanced diet. For example, people to eat a healthy and varied diet to help them to stay at a healthy weight. This had health benefits when people had returned to a healthy weight.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.

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

- People had health passports which were used by health and social care professionals to support them. One relative told us, "Staff are very on the case with health things, have a data system that flags up appointments when they're due. On the health front they're exceptional, take health needs seriously and don't ignore and are actively inquisitive. They respond to family's concerns."
- People were supported to attend annual health checks, screening and primary care services
- Multi- disciplinary team professionals were involved in meetings and writing support plans to improve a person's care and support as their needs changed.
- Staff knew people extremely well and this had meant that on two occasions staff recognising small changes in people's mood which led to people receiving lifesaving health treatment. Another relative told us that the registered manager had identified a link between their family members health and their changing seizures. This had meant they were able to pass on vital information in their medical appointments so

appropriate action could be taken.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- Although there was a calm atmosphere in the home this was interrupted by the constant door alarms sounding as people moved in and out of their bedrooms. We discussed this with the registered manager who confirmed that the alarm could not be temporarily turned off since a new system had been fitted.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home

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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.
- Staff empowered people to make their own decisions about their care and support. Staff ensured that an Independent Advocate was available to help people if they lacked capacity and they had nobody else to represent their interests.
- Where people lacked mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

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

- Staff saw people as their equal and created a warm and inclusive atmosphere. One person told us, "Staff are nice and kind." Another person told us that when they had been unwell staff had made them feel "Happy". One relative told us, "The registered manager, deputy manager and staff are all brilliant, they know [family member] inside and out." Another relative told us, "I like going to Alderton, I feel welcomed, it's not dreary, staff are chatty. [My Family member] is excited to go back after they visit me. My relationship with [the registered manager] I appreciate a lot. [My Family member] is more independent and not stressed. They come to my house and I see how happy they are, they are not stressed about going back."
- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. One person said, "I really like living here, staff make me laugh." A relative told us, "It's [family member] home, best things, it's not an institution where they live, it's their home with staff." During our observations we saw that staff encouraged people to choose what they would like to do and who with.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One relative told us their family member was, "Always treated with respect and kindness." Another relative told us, "The reason we chose Alderton House was for the warm atmosphere, homely feel and how staff are – fun and warm." One healthcare professional told us, "Through discussion with people and families of those people, I know that the staff's commitment to the service of the individuals is never doubted."
- The management team and staff went the extra mile when supporting people to achieve the best outcomes for them. A relative told us, "It's dramatic, they saved [family member's] life last year, they spotted the symptoms and got them into hospital, they fought and argued and got people to listen, the hospital wanted to stop the treatment after the first one, me and the home worked together with hospital staff and they continued treatment, [family member] is now on remission now. They've fought my battles and gave me confidence to keep going." A healthcare professional told us, "Alderton are always responsive to my requests. Staff also support the individual's placed with great care and respect. [The registered manager] always leads the provision well, role modelling support appropriately. All in all Alderton, in my opinion is an excellent service."

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

- People felt listened to and valued by staff. People were given time to listen, process information and respond to staff. People, and those important to them, took part in making decisions and planning of their care and risk assessments. A relative told us the registered manager listened to their views they stated, "Always, never an issue about that, [registered manager] very available. Very much so, excellent willing to

listen and take time to do that, approachable."

- Staff took the time to understand people's individual communication styles and developed a rapport with them. One relative told us, "Yes, they do communicate, [registered manager] she's fantastic. [Family member] moved there four years ago, they had a difficult time where they were before, they became de-skilled. Communication is positive, had issues before, always worked closely to get positive outcomes for [family member]. [Registered manager] is the thing that has been so consistent. [Family member] independence has improved. They come to stay with me. They know them inside and out. Really positive."
- People were supported to access independent advocacy. One advocate told us, "The residents think of Alderton House as their home and it feels like one, which I feel is credit to the whole staff and management team, one big family. I have nothing but positive praise for how this home is run, it is run as a home for the people who live there. The team go the extra mile to ensure that their residents maintain as much independence as possible, are encouraged to go out into the community and are supported to live a full and enriched life."
- Staff supported people to maintain links with those that are important to them. One relative told us, "I'm always involved in care reviews and PBS (positive behaviour support) stuff. I always want to be included and they include me. I worried about [family member] from their previous care. No issues here."

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. One person told us that they were learning to write, by writing down people's drinks orders in the evening and then making them the drink. They told us, "It makes me feel happy."
- One relative told us their family member was supported to be independent. They Stated, "Staff think of things, activities and things in the house for people to do to make their lives better. Done on individual basis, [registered manager and staff] will ask my [family member] who is non-verbal, they choose their meal plan, could say what he wants, they took photos and showed him and asked what he wanted. They made a system and he could contribute."
- Each person had identified goals and aspirations and staff supported them to achieve greater confidence and independence. One relative told us, "It's changed [my family members] life a lot, previously they would not get out the door. Now they go to the farm weekly, swimming and activities based around them. Weight loss been good for their physical health. They access the community more. They support me and [my family member]. [My family member] is different since they moved into Alderton House, plain to see. They are happy, independent, content and when they are content, they are calm." Another relative told us, "[My family member] no longer uses a wheelchair, very significant, built up their walking and lost weight, speech come on and generally able to participate in games and group things at a higher level, due to Alderton, [my family member] thrived."
- Staff knew when people needed their space and privacy and respected this.

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

- Support focused on people's quality of life outcomes. Such as being supported to access places they wanted to visit. Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved, and people's outcomes were regularly monitored and adapted as a person went through their life. A relative told us, "They made it possible for them to live as a happy individual away from their family, they made it possible for my [family member] to live as my other children do as an individual in their home, they care for [family member] and meet all his needs physically, psychologically, socially, [family member] has a good life, what more do we want for our children."
- People were supported to understand the importance of looking after themselves and personal care. Staff worked with people and broke down tasks and offered lots of encouragement, so people felt confident tackling new skills. This had meant that one person was no longer anxious about having a shower and this had positive effects on their health and welfare.
- People were supported to understand their emotions and explore meaningful relationships. One person stated that they would like to explore relationships. The staff identified the person first needed support to recognise their emotions and had purchased different visual aids to help them talk about how they were feeling.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs. Staff had supported one person to visit a local farm. This had initially been small steps such as sitting in the car park, and then week by week taking a step closer to the entrance until they were finally able to enter the farm and enjoy the activities and meeting the animals.

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. The Accessible Information Standard 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.

- Staff had very good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. One person had previously hurt themselves when they were feeling sad and couldn't communicate their feelings in a safe way. Staff supported the person when they were becoming distressed with pictures and symbols the person was able to tell them why they were sad. This had meant that over time they were able to express their feelings in a way that did not place them at harm.

- Staff ensured people had access to information in formats they could understand. One person when they had moved into Alderton House could only say ten words. With staff support they were now able to use over 100 words which had been helping them communicate with staff much easier about their preferences and feelings.
- There were visual structures, including photographs which helped people know what was likely to happen during the day and who would be supporting them.

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 to participate in their chosen social and leisure interests on a regular basis. People enjoyed using local amenities such as restaurants, cafes, sports centres and social clubs. Staff supported people to go and visit their family members. One person told us, "I get to go and see my [family member], staff drive me". Another person told us, "My favourite thing to do is go out for a walk and I get to do that lots."
- Staff ensured adjustments were made so that people could participate in things they enjoyed. People were supported by staff to try new things and to develop their skills. A relative told us, "That [family members] have learnt to do things and experience things and grown as people there. When [family member] lived here, they used a wheelchair for extended walks, not used since they've been there. Alderton House allows people to develop and grow as people. They don't sit back and do the bare minimum they work hard to help independence. [Family member] is involved in meal preparation. They have down time and the tv. They do stimulating activities, swimming, horse riding, and staff do music sessions, enriching experiences and it shows."
- Staff helped people to have freedom of choice and control over what they did. A relative told us, "It's given [family member] an opportunity to be independent and safely go out in the community. Today they are going sailing and I suggested that, they asked about activities, they love water. [Family member] goes horse riding, used to go once a week, it was too much they tried fortnightly which is better. Swimming once a week, they find activities they like that are good for them physically and mentally. They have staff to help them access things on a regular basis."
- People were given support and guidance with their social skills so that they were not isolated and could join in recreational interests. One person had always struggled with social skills and how to interact with their peers in a positive manner which had led them to be very isolated, they would get anxious when in the same room or car with others and would find it difficult spending time with other people. The staff supported them by pairing them up with a very quiet calm person and started with small activity and then slowly increased these, this had such a positive impact with them they now spend time with their peers and had managed to have a holiday away, which was impossible when they first moved into Alderton House.
- Staff were committed to encouraging people to attend vocational courses in line with their wishes and to explore new social, leisure and recreational interests. We saw that when people requested to do things such as make arts and craft staff responded straight away and gave them the support and encouragement they needed to complete the task.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One relative told us, "I feel concerns are dealt with, first any concerns are listened to and valued and acted on. I feel I have an excellent relationship with all staff and keyworker and management team, [registered manager] and [deputy manager] and seniors at the house, and any of them I can speak to. They discuss afterwards what's been done or acted on."
- Staff were committed to supporting people to provide feedback so they could ensure the service worked

well for them.

End of life care and support

- People had end of life plans in place that they had discussed with their families and/or advocate.
- The registered manager told us that due to the age of the people supported staff had not completed end of life training. However, two people had serious health issues within the last year so the registered manager stated they would source some training to prepare staff how to best support people if needed.

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

- The registered manager worked hard to instil a culture of care, in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Managers regularly worked directly with people and led by example. A relative told us, "The excellent leadership [registered manager] sets really high standards, good practice modelled with warmth and compassion and people centred ethos. People's paperwork is person centred. Manager is good on administration and systems, also has communication skills, staff like working for them, leadership qualities are good, people know what is expected and modelled from the top cascaded down to staff. It's an excellent provision now, [registered manager] was promoted, they have made an excellent manager."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- Managers promoted equality and diversity in all aspects of the running of the service.
- Management and staff put people's needs and wishes at the heart of everything they did. A relative told us, "They understand [family member], give them confidence, they helped [family member] cope with medical procedures and being in hospital for a long time, they've been there and supported them. They got [family member] out and about. They're calmer."

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

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager had the skills, knowledge and experience to perform their role. A relative told us, "Alderton House is really well led and managed, lucky for people they gel as a group helps contribute to amazing vibe, they do group outings they do have a lovely time. Concerns area addressed, reflective practice there, changes made if need to be or consultation. The place is open to be flexible to practice. Problems are constructively addressed. Structure there not want to change that. [registered manager] is lucky to have a good area manager who is helpful, the area manager's makes their name known to families."
- Governance processes were effective and helped to hold staff to account, keep people safe, protect

people's rights and provide good quality care and support

- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Designated support workers (keyworkers) carried out monthly reviews with people to identify their progress with goals and any action or extra support needed.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. The registered manager ensured that new staff completed a thorough induction until they were confident to work with each person. Staff were able to explain their role in respect of individual people without having to refer to documentation.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. There were regular meetings for people, their relatives and staff to share feedback about the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. An annual quality survey was sent out and a report of the findings and planned action shared with people. We asked relatives if they were given opportunities to feedback about the service. One relative told us, "We have regular surveys from the house and the company." Another relative told us, "Yes in family feedback forms quite detailed, they ask for comments on physical fabric of house, needs being met, if communication with staff is appropriate, if family member gets medicines and personal care and a stimulating life, anything not happy with, it's comprehensive."

Continuous learning and improving care

- The provider kept up-to-date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The regional director visited regularly. The compliance manager also carried out full audits of the home four times a year.

Working in partnership with others

- The registered manager engaged in local forums to work with other organisations to improve care and support for people using the service.
- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.