

London Borough of Southwark

# Orient St Adult Respite Unit

## Inspection report

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28 July 2022

01 August 2022

05 August 2022

15 August 2022

14 September 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

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 statutory 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

Orient St Respite Service is a residential care home which operates as a respite service. It provides short stays and emergency accommodation where required for people with a learning disability and autistic people. The service is registered to accommodate up to four people at a time and we met six people during our three visits. Part of the premises provides services for children and is registered by Ofsted. The services for adults and children was clearly divided by locked doors internally and the rear garden has a fence and gate to ensure guests from each side do not have access.

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

#### Right Support

People were provided with a clean and comfortable living environment that had been adapted to meet their individual needs. People told us they were happy at the service and relatives commented on how their family members were supported to have good outcomes and a good quality of life during their stays at the service. Staff supported people to achieve their aspirations and goals. People benefitted from the stimulating facilities at the service and were supported to take part in activities of their choice in the local area. People received care and support from safely recruited staff who had appropriate skills and backgrounds for their roles. People were supported by staff to communicate their wishes, preferences and choices. People were supported to meet their healthcare needs and the provider liaised well with relevant health and social care professionals to ensure people achieved good outcomes for their health. 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.

#### Right Care

People were protected from abuse by staff who had appropriate training and knew how to apply it. The service deployed sufficient staff with suitable training and experience to safely meet people's needs. People's cultural needs were understood and supported by staff. People who had individual ways of communicating were supported by staff with training and guidance to enable them to understand and interact with individuals. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People were treated with kindness and respect by staff. One person told us, "It's fun here, it's good."

#### Right culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. People and those important to them, including advocates where applicable, were involved in planning their care. Staff knew and understood people well and were responsive to their choices and wishes for how they spent their time during their stays. Staff placed people's needs and aspirations at the centre of how the service operated. People's quality of life was enhanced by the service's culture of ongoing improvement and inclusivity, which included acting on the feedback from people and their relatives about the quality of care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

At the last inspection, the service was rated as requires improvement (report published 11 December 2019) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve systems for monitoring the quality of the service. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this unannounced focused inspection to check the provider had followed their action plan and to confirm that the service was applying the principles of right support, right care and right culture. This report only covers our findings in relation to the key questions Safe, Effective and Well-led. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from 'requires Improvement' to 'good' based on the findings of this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orient St Adult Respite Unit on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Orient St Adult Respite Unit

## Detailed findings

### Background to this inspection

#### The inspection

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

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 shared with other services.

#### Inspection Team

The inspection team consisted of two inspectors.

#### Service and service type

Orient St Adult Respite Unit is a 'care home' which operates as a respite service. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Orient St Adult Respite Unit 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager in post. The manager of the service was in the process of applying to CQC for registered manager status.

#### Notice of inspection

We gave the service two days' notice of the inspection. This was because the service was small and people are often out with members of the staff team. We wanted to be sure there would be people and staff at the premises to speak with us. We visited the service on 28 July, 1 August and 5 August 2022.

#### What we did before the inspection

We reviewed information we held about the service which included any notifications the provider is required by law to send us and the last inspection report. We sought feedback from health care 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 met and spoke with five people who used the service. One person was able to share their views about their experiences of staying at the service. We also spoke with eight members of the staff team, the deputy manager and the manager. We reviewed a range of records, which included the care and support plans for four people using the service. We looked at records for staff training and development, and supervision. A variety of documents relating to the management of the service including medicine administration records, quality assurance audits and policies and procedures were reviewed.

We visited the provider's main office on 15 August 2022 to check five staff recruitment folders and spoke with a representative from the provider's human resources team.

Following the site visits we continued to seek clarification from the provider to validate evidence found in relation to people's care and support including the processes for infection prevention and control and quality assurance. We spoke by telephone with the relatives of five people who used the service. One person was supported by their relative to participate in a telephone discussion with us. We contacted professionals with knowledge of the service and received two written responses. Inspection activity concluded on 14 September 2022.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Robust systems were in place to protect people from the risk of abuse and harm and promote their safety. Staff undertook safeguarding training and were knowledgeable about how to identify different types of abuse. A staff member told us, "We are encouraged to always report any safeguarding concerns or concerning observations to the person in charge of the shift and our views are taken seriously."
- Relatives informed us they felt their family members were supported to remain safe when they attended the service for respite stays. Comments included, "[Family member] is always happy to go to Orient St and returns home relaxed and smiling. I have no concerns" and "I feel [family member] is safe. They (staff) always check with us before a stay if there are any changes with [family member's] health, medications and how [family member] is generally getting on." Relatives confirmed they had been advised by the provider about how to raise any concerns about the safety and care of their family member.
- The manager reported without delay any safeguarding concerns to the local authority safeguarding team and notified the Care Quality Commission, in accordance with legislation. Staff confirmed to us they were given guidance by their employer about how to whistle blow within the organisation and to external parties if required. A whistle blower is an employee who reports certain types of wrongdoings at their workplace.

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. Detailed and up to date risk assessments were in place which identified risks to people's safety and wellbeing and provided clear information for staff to mitigate these risks. Staff assessed people's sensory needs and did their best to meet them. Risk management guidance addressed people's individual health and social care needs which included support with eating and drinking, personal safety in the wider community and behaviours due to people being distressed.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Risk assessments were conducted in relation to essential equipment people needed for their mobility and personal care, for example wheelchairs and hoists. People had personal emergency evacuation plans (PEEPs) in place in the event of an emergency requiring evacuation from the premises, which reflected people's individual needs, mobility and other circumstances.
- Staff demonstrated a clear knowledge about how to keep people safe and how to comply with the provider's procedures for reporting any accidents, incidents and other events. They had current training to keep people safe, for example health and safety, moving and handling, fire safety, food hygiene and first aid. Safety issues were discussed during team meetings and individual staff supervision sessions to ensure staff were advised of any changes to relevant policies and practices.

## Staffing and recruitment

- The provider adhered to safer recruitment practices to ensure people were supported by sufficient staff with suitable knowledge, experience and backgrounds to meet their needs. The provider conducted detailed pre-employment checks which included a minimum of two satisfactory references, proof of identity and right to work in UK and a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- We noted that although two staff recruitment files contained employment histories, the provider had not obtained a full employment history in line with legislation. We discussed this matter with the manager and a representative from the local authority's human resources team. The absence of this information was swiftly remedied and we were assured that full employment histories for prospective employees were being consistently sought in accordance with the provider's recruitment policy for staff working at services regulated by CQC.
- People were safely supported by the deployment of a suitable number of staff. During our visits to the service we saw there were enough staff rostered to meet people's assessed needs, including visits to local amenities and one to one support within the building and adjacent garden at a time that suited people. The rotas showed an appropriate skill mix of staff on shifts to enable support workers to seek guidance and support where necessary from team leaders, the deputy manager and the manager.
- The manager informed us the service had struggled with filling staff vacancies since the onset of the COVID-19 pandemic and were actively working towards recruiting new permanent staff. At the time of the inspection the service used regular agency staff who were given short-term contracts. Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

## Using medicines safely

- People were provided with safe support to receive their medicines in line with the prescriber's instructions. Staff attended medicine training and refresher sessions, and their ability to competently administer medicines was kept under review. Thorough processes were followed when people and/or their relatives brought in their medicines at the start of their respite stay. Relatives told us they did not have any concerns with how their family members were supported to take their medicines.
- People received supported from staff to make their own decisions about medicines wherever possible. We met one person who was being supported to self-administer some of their medicines in line with their wishes and plans for increasing their independence.
- Rigorous practices were in place to make sure people correctly received their medicines, including topically applied creams and lotions. The provider had appointed a 'medicines champion' who was a senior and experienced member of the staff team. The medicine champion showed us the audits they carried out and demonstrated how the daily system of medicine checks highlighted any potential or actual discrepancies with the accurate completion of medicine administration records (MARs). This ensured any concerns were identified and appropriately addressed as soon as possible.
- The manager assisted the staff team to keep up to date with key medicine topics, for example STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines). This is a national project involving a wide range of organisations which are helping people to stop the overuse of these medicines.

## 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.

#### Visiting in care homes

- The provider was enabling people to receive visits from their relatives in line with current government guidance. The manager told us that relatives called by at the service from time to time when their family member was staying there, for example to deliver additional clothes or other personal items.

#### Learning lessons when things go wrong

- The management team recorded and analysed incidents, accidents and other events to ascertain if there were any specific patterns of concern. Where necessary the manager spoke with staff individually and during team meetings to share their findings and implement measures for improvement. The manager stated there had been a range of improvements made due to lessons learnt, which included the development of thorough systems to fully involve relatives in the updating and reviewing of people's needs and wishes prior to every respite stay.
- A staff member told us about a particular incident that occurred since the last inspection and explained how staff now made specific environmental preparations to meet the needs of an individual person. They commented, "The manager really focusses on lessons learnt. We also make sure risk assessments and care plans are updated to reflect incidents."

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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, 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.

- The provider was working in accordance with MCA best practice guidelines. At the last inspection we made a recommendation in relation to the circumstances of an individual person who used the service. At this inspection we were assured the manager had carefully reviewed how the service met people's needs in line with the MCA, for example new ways of working had been introduced including a scheduled visit to the service each month by a Mental Capacity Assessor. This enabled the service to address a build-up of outstanding assessments that occurred due to the COVID-19 lockdown.
- Care plans showed that in-depth attention was given to determine people's decision-making abilities across a broad range of areas and to identify the type of support they needed to make their own decisions. The provider adhered to appropriate actions when people could not make decisions for themselves, for example joint working with relatives and health and social care professionals to take into consideration people's wishes and make decisions in their best interests.
- The manager and staff team worked closely with the local authority to review people's individual circumstances where restrictions may be required to keep them safe. A remotely held meeting took place each week between the service and relevant local authority professionals to facilitate these discussions and ensure applications were made in a timely manner to the Court of Protection.
- Staff displayed a competent understanding of the MCA and the importance of asking people for their consent before they provided personal care and other support. We observed that staff knew people well and gave clearly communicated information prior to carrying out specific tasks, such as cutting up food for a person assessed to need this support at mealtimes. Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.

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, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together. Assessments and the accompanying care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- The service worked closely with health and social care professionals and local organisations to ensure they received up to date information about the people they supported. This included comprehensive assessments by people's social workers and other assessments from professionals including dietitians, occupational therapists and psychologists.
- Relatives told us they liked how they were involved in the initial assessment process and consulted by the provider as part of the ongoing assessment and review exercise that took place before each respite stay. People's assessments and the accompanying care plans considered their protected characteristics under the Equality Act 2010. For example, information was recorded where people wished to attend a place of worship during their stay at the service and whether they followed dietary practices in accordance with their religion and culture.

Staff support: induction, training, skills and experience

- People with a learning disability and autistic people received care and support from staff who were provided with suitable evidence based training to effectively meet their needs. This included training in relation to intensive interaction, understanding autism, positive behaviour support, equality and diversity, human rights, mental health, Makaton and Tacpac. Makaton is a language programme that uses symbols, signs and speech to enable people to communicate and Tacpac is a sensory approach that draws together touch and music to create a structured half hour of communication between two individuals
- Relatives told us staff were knowledgeable about the needs and preferences of their family members. One relative told us, "They (staff) call me before [family member] goes for their stay. They ask me detailed questions all about [family member's] health, what tablets they are on, they show an interest and understand [family member's] needs.
- Staff received an induction when they began working at the service and were able to enrol on the Care Certificate if required. 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.

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

- People were supported to meet their nutritional and hydration needs and enjoy a balanced diet. People and their relatives were consulted about their favourite foods so that their preferences could be reflected within the menu planning for their stay. A relative told us their family member liked plantain and spicy rice and this was offered by the service. We noted that staff contacted relatives in the days leading up to their family member's stay and confirmed current food preferences as well as any food/drinks allergies and dietary requirements in relation to medical and/or cultural needs.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating. We observed people were offered a choice of refreshing snacks to help them feel cool and hydrated on a warm evening, which included ice creams, fresh fruit and yoghurt.
- Where required staff followed written guidelines provided by health care professionals, for example speech and language therapists, dietitians and doctors. Staff sensitively provided people with support for cutting up food where necessary and ensured they had access to adaptive cutlery and other aids. People were supported by staff to identify healthy snacks, fruits and vegetables they enjoyed using a picture guide so that these items could be offered to them.

- We observed that people were encouraged to be as independent as possible and gain new skills in the kitchen. For example, one person was being supported to learn how to make their favourite hot drink and another person had informed staff they wished to spend a day baking cakes during their stay. People were supported to engage with various aspects of food preparation and cooking including going out with a staff member to the local supermarket to buy the ingredients they needed.

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

- People's healthcare needs were recorded in a detailed manner in their care plans and accompanying risk assessments to enable staff to ensure these needs were understood and met. Staff spoke with people about their healthcare needs and required routines where possible. For example, one person was being supported to gain independent skills with carrying out their own oral personal care and staff explained the importance of looking after their teeth and gums. Information was presented for people in appropriate styles including easy read and pictures.

- Relatives told us the provider checked the healthcare information they held about their family member before each respite stay and asked whether there were any changes to existing healthcare needs or any new matters' staff needed to be aware of. The provider asked relatives to keep them informed of the outcomes of people's healthcare and medicines reviews and send in copies of relevant correspondence from medical and healthcare professionals. This enabled the management team to make advance plans about whether they needed to liaise with healthcare professionals for guidance and training, obtain equipment and/or arrange for additional staff to be rostered to meet a person's needs.

- People's healthcare needs were recorded in communication/hospital passports to ensure they received an effective, consistent and individual service if they needed to attend clinical appointments or required a hospital admission while staying at the service. These passports provide important information about a person with a learning disability or an autistic person including pre-existing health conditions, how a person communicates and their likes and dislikes.

- Staff had formed positive working relationships with a variety of health and social care professionals such as specialist nurses for supporting people with epilepsy and diabetes to ensure they received effective care and support. Where necessary the staff spoke with people or their relatives about any observations that indicated a referral to a health care professional may be needed. Monthly meetings took place with professionals from the local enhanced psychological service which provided staff at Orient St with guidance and support to meet the needs of people who have a learning disability and might express emotional distress or agitation.

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

- People were provided with a well-considered, comfortable and safely maintained home for their short stays. The premises were purpose built to meet people's needs, including people with limited mobility and those who benefitted from a choice of different communal areas depending on whether they wished to join others or spend time with a staff member in a quieter environment. One person told us how much they liked to sit out in the garden during good weather and this pleasantly designed amenity was also complimented by relatives we spoke with.

- The building was bright and spacious. The décor was neutral and homely touches such as pictures for the walls and ornaments were added or removed by staff depending on the known needs and preferences of people staying at the service. The bedrooms were attractively presented and were fitted out with special night lights that could be changed to different colours to meet people's individual preferences. One bedroom was equipped with a ceiling hoist to provide care for people with mobility needs.

- The provider had considered the importance of people being able to access stimulating environments to develop and engage their senses. Facilities were of a good standard and thoughtfully designed, including a

welcoming and well-equipped sensory room, a bathroom with a sensory bath that could be programmed to play people's favourite music, and a music themed room with features such as karaoke and a disco ball on the ceiling. One person told us they particularly enjoyed watching music programmes on television during their stays at the service.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider did not ensure systems and processes were in place to effectively assess and monitor the quality and safety of the services provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- Robust systems to monitor and audit the quality of the service were now in place and an evident degree of progress had been achieved since the last inspection to implement and embed improvements. The manager had established a detailed programme of regular quality assurance checks which addressed areas including health and safety, medicine management, policies and procedures, staff training and development and meeting regulatory requirements. Senior staff told us they were given individual areas of responsibility and felt very motivated by the improvements achieved since the last inspection.

- People's feedback and the feedback from their relatives formed a key part of the provider's quality assurance system. Relatives told us they felt the service actively sought their views and acted on their comments, and the annual family survey demonstrated a high level of positive feedback. The provider analysed feedback from people and their relatives and took action to address any highlighted shortfalls.

- Team meetings were designed to encourage all staff to take an active role in working together towards achieving improvements to the quality of the service. Members of the staff team told us about the engaging visual presentations designed by the manager to involve them in the 'Team Plan' for continuous development of the service. The presentation material we looked at showed there were clear and structured objectives to measurably improve people's experience of staying at the service, ensure relatives were consistently pleased with their contact with staff and address stated areas for improvement in the last inspection report.

- The provider invested sufficiently in the service, embracing change and delivering improvements. The manager supported staff to develop their knowledge and practice by promoting a culture that valued good quality training, regular individual supervision and ongoing opportunities to acquire new learning and skills. Staff spoke enthusiastically about changes at the service and one staff member said, "I have really got on board with the changes [registered manager] is making, I can see how we as a team are becoming more skilled and able to provide a better service for people."

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

outcomes for people

- The manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs. He led staff by example and changes had been made to promote a more personalised and responsive service. For example, the service was reviewing its systems for allocating respite stays so that relatives received a service that met their own individual circumstances while being equitable and balanced.
- We observed positive interactions between people using the service and staff. For example, one person told us they liked to walk to the local shops to buy confectionary with staff support. Staff recognised this as being an important part of the person's chosen daily routine as it promoted their independence and enabled them to develop skills such as speaking with confidence to shopkeepers and using money. Staff checked with the person as to when they wanted to make this trip and showed a genuine interest in what small grocery items they were interested in purchasing.

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 manager understood the requirement to notify the Commission of significant events, in line with legislation. They were aware of the importance of working in an honest, open and transparent way, in line with their duty of candour.

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

- People's care plans demonstrated that staff always sought their wishes about how they wanted to spend their time at the service. This included a telephone call to the person and their relatives prior to the stay to find out what they would like to do although it was recognised people could change their minds when they arrived. We observed a weekly briefing meeting at the service where staff spoke with the manager about the advance plans they were making to support people to fulfil their expressed interests and wishes, for example a visit to the pub, to watch particular films, go to a nearby museum or spend time at local parks and open spaces.
- Relatives were supported with their roles and responsibilities. The manager invited a representative from a carers' organisation to spend time every month at the premises so that they were available to speak with relatives who were bringing in or collecting their family members. This enabled relatives to find out more about the different types of support they could access and check whether they could be eligible for financial benefits they were not previously aware of.
- Staff told us they now felt more involved in the daily running of the service. For example, the manager had developed specific lead roles for staff such as champions for areas of practice which enhanced their own knowledge and skills. The service hosted a summer party in the garden for people who use the service, their relatives, the staff team and local health and social care professionals to provide a sociable and enjoyable group activity following the isolation people experienced due to the pandemic.

Working in partnership with others

- A senior staff member told us the service was well supported to keep people safe during the COVID-19 pandemic by local public health practitioners and other infection prevention and control (IPC) professionals. This included staff training to understand their IPC responsibilities.
- The manager supported staff to deliver care and support that followed national standards and guidance for providing care and support for people with a learning disability and autistic people. For example, the service liaised with speech and language therapists to understand people's communication needs and implement effective ways of communicating. A local speech and language therapist informed us they had worked with the service to promote 'Five good communication standards' which is best practice guidance produced by the Royal College of Speech and Language Therapists.

- We received positive comments from a representative of the local Learning Disability Team for the borough about how the service worked in partnership with them and how staff were observed to be caring and kind when they interacted with people who used the service.