

Albany Care (Northampton) Ltd

Spinney Hill House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Spinney Hill House is a residential care home providing accommodation and personal care for up to three people. The service is registered to support younger adults with learning disabilities, autistic spectrum disorder and mental health. At the time of the inspection there were three people living in the home.

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

Spinney Hill House was exceptional at placing people at the heart of the service. The managers and staff of the service had a strong focus on people having as many opportunities as possible to develop their confidence, gain new skills and become as independent as they could.

There was a positive and empowering culture established within the service. This meant people were supported by exceptionally caring and attentive staff that knew them well and helped them to achieve their potential. People were encouraged to live as full a life as possible and supported to achieve the best possible outcomes.

Staff had formed positive relationships with people they supported and looked for ways to develop their independence. Care was person-centred and delivered by committed and dedicated staff. Care and support was designed by people, relatives, the staff team and external professionals collaboratively.

Staff were very caring and knowledgeable about how best to communicate with people and to advocate for them to ensure their views were heard. There was a strong culture within the service of treating people with dignity and respect and staff spent time getting to know people and their specific needs before they provided them with care and support.

Staff received outstanding support from the management team both at a professional and personal level. Staff had completed high quality training that ensured they were confident and competent at delivering person centred care. Staff were encouraged and supported to develop their skills and follow a career progression within the service. The provider ensured their practices were in line with current good practice, guidance and legislation. There was a focus on continuous development.

Staff and the management team were passionate and motivated about their roles and understood their responsibilities. They actively engaged and included people, their relatives and professionals in the ongoing design and delivery of their care and support.

There were comprehensive systems in place to make sure the service was safe. People were empowered to take positive risks, to ensure they had greater choice and control of their lives. The positive risk-taking approach showed staff respected people's right for independence and their right to take risks.

People were fully involved and supported to recruit staff. This ensured that successful applicants had the

right values and skills to match the values that were at the heart of the service.

People were supported to have their nutritional needs met. Healthcare needs were met, and people had access to health professionals as required. Care plans outlined any support people required to manage their healthcare needs.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The home was situated in a residential area, with no signs from the exterior that it was a care home. People were supported to be as independent as possible and encouraged and supported to make their own decisions and choices. People had either private rooms or flats and staff were respectful of people's privacy and dignity. People were supported with job applications and empowered to challenge legal restrictions if they wished to.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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 27/02/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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 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 caring?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Spinney Hill 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 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 share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch Northamptonshire, 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 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 used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager and three support workers. We visited the service on a second day to assure ourselves the quality of the service had remained the same as the first date of the inspection.

We reviewed a range of records. This included three people's care records and multiple medication 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and feedback received from contract monitoring visits. We spoke with one professional who regularly visits the service.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Spinney Hill House. For example, one person said, "I trust the staff to keep me safe." A relative said, "They [staff] keep relative safe by knowing how to support and respond appropriately."
- Staff demonstrated their understanding about how to keep people safe. They knew how and where to report any concerns to. Records showed that staff received up to date training about keeping people safe.
- The provider and manager fully understood their responsibilities to keep people safe and knew to raise any safeguarding concerns with the local authority and notify the Care Quality Commission.

Assessing risk, safety monitoring and management

- People were supported to live full and active lives, risks associated with people's chosen lifestyles and activities were assessed and monitored. Risks assessments were evident in care files relating to individual choices and activities.
- Records contained clear guidance for staff to minimise known risks. For example, risk assessments guided staff to ensure they were aware of subtle signs that someone displayed when they were feeling low in mood. This enabled a person to be supported with specific interventions to help them to manage their emotions and talk about how they were feeling.
- Fire and health and safety checks were in place. This ensured people and staff were safe in the home environment.

Staffing and recruitment

- There were enough staff to keep people safe. Shift patterns were scheduled to meet the emotional and social needs of the people using the service. People told us staff were available when they needed them.
- Staff told us they worked well as a team and were happy to complete additional hours in emergency situations to ensure people were supported by a consistent staff team.
- Staff had been subject to appropriate checks when the service recruited them, and people were involved in the recruitment process.

Using medicines safely

- Medicines were managed safely. Effective systems were in place to ensure people received their medicines as prescribed. Medicines were audited regularly with action taken to follow up any areas for improvement.
- Staff completed a medication administration record [MAR] for each person which gave an accurate record of medicines which had been administered.
- Staff had received training in safe medicines management and their competency to administer medicines

had been assessed.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was an open culture where staff were comfortable to report any accidents, incidents or near misses.
- The management team regularly reviewed information when things did not work well or there were shortfalls in the service and shared the learning with staff. One member of staff had identified how they could have supported a person more effectively with some planned activities. This learning was shared with the other staff during a staff meeting.

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.

Staff support: induction, training, skills and experience

- Staff completed an induction at the start of their employment and continued to receive regular training. This helped staff keep up to date with best practice guidance. One staff member told us, "We receive lots of training and guidance and we also learn from each other."
- People who used the service had a range of specific health conditions. The provider provided staff with the right training to meet these needs. For example, understanding autism.
- Staff received regular guidance and supervision, so they could competently fulfil their role. Managers worked alongside staff to share experience and good practice. Staff said they felt supported both professionally and personally and felt this enhanced their well-being.

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

- People's needs and choices were assessed before they moved into the service to help ensure the home was the right place for them to live, and they received care and support in line with standards, guidance and the law. Staff involved people, their relatives and several other professionals involved in the person's care to help provide a comprehensive and holistic assessment of each person's care needs.
- Daily notes were recorded by staff which detailed all care and intervention carried out. The service regularly reviewed people's care records with the person and any relevant others, so that any changes in support needs could be implemented.
- People were encouraged to live healthy lifestyles and this incorporated regular exercise and activities. Individualised plans meant that people attended various gyms and leisure facilities in the area at different times. This meant they had one to one staff support and support to engage with other people using the venue. One person told us they had a personal trainer who they saw each week.

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

- Staff demonstrated their awareness of people's dietary needs and preferences and the importance of supporting them to maintain good nutrition.
- People were involved in making choices about their meals and staff supported them to have meals they enjoyed. One person told us, "We choose our menu every week and if we want to change our minds, we can." Another person told us how they liked to have fun and be creative with meals and snacks. For example, 'Make it Monday'; this person liked to make homemade cakes for everyone living in the home.
- Staff understood the risks associated with eating and drinking and worked closely with a Speech and Language Therapist to ensure plans in place were safe.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Records relating to people's health and well-being were comprehensive and included information and assessments from other involved professionals. Referrals were made promptly to external professionals.
- People were supported to access health care screening relevant to their gender and age.
- People's oral health care needs were met. Care records gave detailed guidance about oral care. Records showed people visited a dentist regularly.
- The service ensured that appropriate information was shared when people accessed other health and social care services to ensure a consistent and effective approach. For example, GP and hospitals.

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

- The home had been adapted to meet people's individual needs. The communal areas were spacious. There was a large enclosed garden for people to access and enjoy.
- People had the choice of how to decorate their bedroom. When rooms within the home were decorated people were involved and could help choose colour schemes and furniture.

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.

- People were supported in the least restrictive way possible. Individualised, decision specific mental capacity assessments had been completed and best interest decisions recorded. Where people were deprived of their liberty, DoLS were in place and people were supported in line with their agreed plans.
- The management and staff team had a good understanding of MCA and DoLS. People were encouraged to make their own decisions and choices as much as possible. People were supported to explore their options around the deprivation of their liberty and the staff worked with appropriate professionals to support understanding of the legal process.

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 outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a rich, visible, person centred culture which created an environment where people were equal partners in their care and support. One person told us, "It's not a home, it's my home, I would live here for 20 years if I could!"
- People told us they had excelled beyond their own hopes and dreams and identified this was because of the excellent way they were treated, respected, encouraged and emotionally supported. One person told us, "I can't believe the progress I've made, I never thought I could have a life that was this good. The staff are absolutely amazing." They went on to tell us about their lived experience and how much choice, control and independence they have now. Another person told us, "The home and staff have been amazing for me, when I arrived here my whole life was in a meltdown, I feel like they saved me."
- We received positive feedback about the service and the way people's support was provided. One person's relative said, "The way the staff support [person] has made such a big difference to their life. I feel emotional knowing how amazing they [staff] have been for [person]." The relative went on to tell us how the person's anxieties had reduced which meant they could access more opportunities and live a more fulfilled life. A healthcare professional commented, "Compassionate professionals who really do care" and "The staff went above and beyond to help a person transition to the home and to meet their needs."
- People, relatives, staff and professionals told us communication was exceptional and inclusive and this was the key to strong and successful relationships that had been built. A person told us, "Everywhere I've ever lived, I've always felt staff or health workers talked about me and made decisions about me, never with me. Living here it is so different, I'm involved in everything and I'm finally in charge of my life." A relative told us, "We all work together, [person] gets the same message, encouragement and support from everyone and [person] has learnt to trust that everyone has their best interests at heart."
- People received unconditional positive regard from the staff that supported them, and this enabled people to build trust and confidence that staff could support them emotionally. One person said, "I've never trusted people before and I've learnt that it's safe to do that here." They went on to tell us about how they have been supported and what this meant to them. Another person told us how they received congratulatory e-mails from the provider when they achieved milestones linked to their longer term goals.
- People's cultural and diverse needs were met. We were told about the many ways staff supported people with their needs. This included a pride celebration day. People living at Spinney Hill House wanted to celebrate 'loving who we want to love' and made cakes with pride decorations and hung pride flags around their home.

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

- Staff were excellent at exploring different ways to communicate with people so they could express their needs and get their opinions heard. One person was supported and enabled to take complete control of their person-centred review which included health care professionals. They were supported to write up the review outcomes and goals they wanted to work on in the future. The person told us they liked to see their 'own language' in reviews of the care and support they received, and this was important to them that it wasn't changed or reworded for health professionals.
- One person was able to get their views across better by writing down how they felt, their opinions and desired outcomes. We saw how this had been facilitated and the person told us how they felt heard.
- People chaired their own house meetings where information was shared about important events, challenges about sharing a house and activities they wanted to pursue. Meeting minutes were typed up by people, and people chose what staff were going to support them to achieve their plans or help resolve any conflicts.
- People received support to achieve their goals from a variety of resources and this led to larger support circles which provided more encouragement, support and helped to build people's confidence. For example, one person wanted to eat more healthily and develop an exercise routine. They were supported creatively, and this resulted in the person hiring a personal trainer to work with them to achieve their goals.
- People all had a key role and were 'champions' in this lead role supported by a staff champion. For example, one person was an autism champion. Their role was to educate new staff and other people living in the home how the environment and activities could be made autism friendly. This person was also supported to be a representative on provider forums at local authority forums.

Respecting and promoting people's privacy, dignity and independence

- Respect, privacy and dignity were the underpinning values that made Spinney Hill House the place people called 'A miracle home'. The registered manager and staff team promoted these values consistently and people told us how this had made a difference to their life.
- We saw how the provider had adapted the premises to accommodate a person's wishes and give them more privacy when learning daily living skills. This included building a kitchenette in their bedroom.
- One person told us how they wanted to make CD's of their music and to have a Youtube channel (internet based page). We saw how the staff had supported the person with making their own CD's, supporting with setting up a Youtube channel and understanding how to upload their music. This person was able to tell us how proud they were of their achievements and what it meant to them. Comments included, "I feel like a superstar" and "I couldn't have done it without the staff, they have been absolutely brilliant."
- The registered manager and staff team facilitated an excellent transition for a person moving from their previous accommodation to Spinney Hill House. This transition involved getting to know the person while they were still living at their previous home, video calls in between visits to help with the transition and because of COVID-19 restrictions, meeting people already living at Spinney Hill House on video calls to get to know them. Staff also attended training facilitated by the previous provider to ensure consistency and continuity for the person when they moved which was critical to the transition being successful

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

- People's personal history, family members, interests, choices and preferences were documented in their care plans. Care plans included details of what support people required and staff were knowledgeable about the support people needed and this was provided consistently. A relative told us, "I was so impressed with the detail of the care plan, this is just another example of how they [staff] want to get it right for [person]."
- We received positive feedback about the service and the way people's support was provided. One person told us, "They [staff] are so patient with me, if I have a bad day they take it in their stride and do their best to help me." A relative told us, "Comparing this home to the places [person] has lived before; well its like chalk and cheese, this home just cant do enough for [person] to help them live their best life."

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.

- People's communication needs were considered as part of their assessment and their care plans fully described the level of support required. For example, the best way for staff to present information and any communication tools they may need to communicate effectively.
- People were supported to communicate and express their wishes in the best way that met their needs. For example, one person's anxieties were managed by having social stories for situations they found difficult. Part of these social stories included photographs of celebrities which the person was particularly fond of. They told us this helped them in certain situations and seeing photographs of their favourite celebrities was reassuring for them.
- The provider had made information available in a varied range of formats including easy read, pictorial, using symbols and photographs.

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

- Staff were committed to enabling people to socialise, develop and maintain relationships. Staff supported people to visit friends and family outside of the home. During COVID-19 restrictions, staff were inventive with how they supported people to continue to pursue their interests. For example, one person regularly played the piano in stately homes; due to COVID-19 this wasn't possible, so the staff arranged a zoom call with the owner of a local stately home for the person's birthday. The person told us, "It was absolutely brilliant, I couldn't believe it was happening and I've been invited to go and play the grand piano there."

- People told us how they supported local communities during the COVID-19 restrictions. Examples included baking cakes and taking them to a local nursery to thank staff for working through the pandemic.
- Technology was used to maintain contact with family, friends and staff using an Ipad (an electronic device). Photographs of activities and messages were shared with families to promote positive relationships. People were encouraged to contact friends and loved ones by using video calls to avoid social isolation. The people living at the home also created their own monthly newsletter and sent a copy to their relatives and friends.

Improving care quality in response to complaints or concerns

- People and relatives felt comfortable and confident to make a complaint and were assured it would be responded to appropriately. One person told us, "I would go to [staff member] if I wasn't happy." A relative told us, "I'd speak to the [registered] manager and I have the telephone numbers and know who to ring. I've had what I call little moans in the very beginning and they were very responsive and sorted the issues out immediately."
- There was a complaints procedure available in easy read or a pictorial version which was accessible to people using the service and was easy to use. People could also speak to and share their concerns with the provider who visited regularly and knew everyone well.
- The registered manager told us they were regularly involved in the care of people they supported, and this allowed any potential concerns to be addressed before they developed into complaints. There were processes in place to ensure that all complaints would be dealt with appropriately.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care.
- People had care plans in place which recorded their wishes in the event of a potential sudden death. It was clear where people had funeral plans in place and whether these were held at the service or with family members.

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 Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created, drove and improved high-quality, person-centred care.

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

- The shared vision of a highly successful and inclusive service was driven by exceptional leadership. People, their relatives and health professionals thought Spinney Hill House was a fantastic place to live. Comments included, "They've never given up on me", "Compassionate professionals", "Nothing is unachievable" and "Miracle home."
- The leadership, management and governance of the organisation was well embedded and assured the delivery of high-quality, person-centred care. The provider's values included being inclusive and supportive. We found a strong commitment to promoting independence and inclusion and the culture of the service encouraged learning and innovation.
- The service was continually being developed and designed in line with the principles and values that underpin Right support, right care, right culture and other best practice guidance. The whole staff team had listened to people and their relatives, taken actions and very significant outcomes were achieved for people. For example, one person told us, "In 20 years, I've never lived in a normal house in a normal street and achieved so much; for me that's amazing." These outcomes had improved people's quality of life and developed their aspirations. People were treated by everyone as unique with their own interests and pursuits.
- Staff were energised by their work. Every staff member was driven by people having choice and control over their own lives. Staff revelled in people's successes no matter how small, which in turn led to people having increased confidence. Relatives confirmed the increased confidence and self-esteem. One relative said, "The staff have made an enormous difference, we nearly lost [person] in their previous placements; lost his personality, it feels like a miracle we have [person] here. I get very emotional about how successful this home has been for [person]."
- Staff praised the provider, registered manager and deputy manager for positive high-quality leadership and support. One staff member said, "The managers are brilliant, they empower us to empower the people who live here, everyone is willing to learn and improve from each other, its such a team vision that we want the best for people."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider and management team constantly reviewed the service to optimise people's potential. Good governance was fully embedded into the running of the service. There was a strong focus on continuous

quality improvement. The quality assurance team and registered manager completed audits of the service and ensured actions were followed up to drive excellent care. One person living in the home had also undertaken some training to complete health and safety audits around the home.

- The registered manager had created new champion roles which had encouraged staff and people to take on additional responsibilities which they welcomed. Staff told us, "The champion roles make positive changes to people's care. They drive forward the person-centred approach and provide another opportunity for people's voices to be heard and to be fully involved in the running of the home."
- The provider and registered manager were aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- Feedback about the service was actively encouraged in a number of ways, for example, there were regular reviews of people's care and people in their circle of support were invited to give feedback for improvement. Outcomes of quality surveys were presented in easy read formats and also included the progress the service had made in the previous months. Comments from various health professional included, "The staff have demonstrated a commitment to person-centred care", "Person-centred and solution focussed" and "They [staff] provide [person] with empowerment, positivity, compassion and dignity."
- Innovative ways had been used to regularly seek feedback from people, which took into account their individual communication methods. Easy read questionnaires were used, staff supported people with picture cards and other communication aides which enabled people to express themselves.

Continuous learning and improving care; Working in partnership with others

- The provider invested in the learning and development of its staff, which benefitted people through the maintenance of a stable, motivated and highly skilled staff team. The registered manager and staff team were clear about their roles, and there was a strong framework to monitor quality performance, risks and regulatory requirements.
- The provider and manager had developed strong partnership working with health and social care professionals. They attended care forums, local council meetings and regular meetings with healthcare professionals to network, learn and share ideas.
- The registered manager was constantly looking for ways to improve people's experience of the service. This included refurbishment of the environment to provide a home that was suitable for people living with learning disability, autism and long-term mental health conditions. The registered manager told us, "It's always about how can we improve, how can we make a bit more of a difference and listening to feedback all of the time about how the people who live here think we can make it better."