

Rainbow Support Limited

# Rainbow Support Limited Domiciliary Care Office

## 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

### About the service

Rainbow Support Limited Domiciliary Care Office is registered both as a domiciliary care agency and a supported living service. It provides personal care to people living in their own houses and flats, and to people living in a 'supported living' setting, so they can live as independently as possible.

People's care and housing are provided under separate contractual arrangements. The CQC does not regulate premises used for supported living; this inspection looked at people's care and support. People using the service lived in two Supported Living settings in the west of Cornwall.

Not everyone using the service received a regulated activity; CQC only inspects the service being received by people who are provided with the regulated activity of 'personal care', for example which includes help with tasks such as personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service was able to support a maximum of 13 people but only 5 people received personal care. This included two people at Lauren House and three people at Cherry Trees.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### The Right support:

The model of care and setting maximised people's choice, control and independence. The supported living settings were near to the centre of towns and had access to the local community and amenities. Staff supported people to make choices about their daily lives and engage in activities, that were tailored to their individual needs and promoted their independence. People were supported to maintain and develop relationships.

People were supported by enough staff on duty who had been trained to do their jobs properly. People received their medicines in a safe way. People were protected from abuse and neglect. People's care plans and risk assessments were clear and up to date.

### Right care:

People received good quality person-centred care that promoted their dignity, privacy and human rights. There was a strong person-centred culture within the staff team. Positive behaviour support plans had been developed for people, to understand the reasons for their behaviour, and provide guidance for staff to

ensure consistent approaches were used when supporting people. Staff knew people well and demonstrated an understanding of people's individual care, behavioural and communication needs. This helped ensure people's views were heard and their diverse needs met.

#### Right culture:

People were supported by staff where the ethos, values, and attitudes of management and care staff ensured people led confident, inclusive and empowered lives. Staff created an environment that inspired people to understand and achieve their goals and ambitions.

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

The service had been open for a year. People, relatives and health and social care professionals were all complimentary in how the service supported people to 'transition' to their new homes. Comments included, "This service enabled the person to move back to his heritage county after seven years of being away from family and friends. This was concluded during a pandemic, a difficult and unprecedented time. The move went with no instance and the transition was smooth and carefully planned" and "I feel [person's name] is in safe hands and feel very lucky to have found such a good setting for him." A staff member commented, "We all care greatly for the people we support. We aim to encourage their independence in every way that we can and be there to support them when we are needed."

People had settled into their new homes and feedback from relatives, staff and health and social care professionals were positive in how people had developed their independent skills. Comments from relatives included '[Person's name] has become a much more confident, independent and outgoing young man willing to try things he wouldn't of tried before. His independence has astounded me with how he has come on with the support he has received from [the registered manager] and her team.

Staff's in-depth knowledge of how people communicated ensured people had maximum control over their lives and how they spent their time. Care and behaviour support plans were accurate and kept under regular review, with the involvement of the person and their family. They provided staff with comprehensive guidance to ensure people's needs were met. Risks were identified and staff had clear instructions to help them support people to reduce the risk of avoidable harm.

Staff were recruited safely. Staff were supported by a system of induction, training, supervisions, appraisals and staff meetings. Staff were appropriately trained, and their competency regularly checked, to ensure people's complex needs were met.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

People's relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

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

This service was registered with us on 2 September 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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

### Is the service effective?

Good ●

The service was effective

### Is the service caring?

Good ●

The service was caring

### Is the service responsive?

Good ●

The service was responsive

### Is the service well-led?

Good ●

The service was well-led

# Rainbow Support Limited Domiciliary Care Office

## **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 share with other services.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was announced. We announced the inspection a few days in advance to ensure that people would give us permission to visit them in their home. Before we visited the supported living settings, we

discussed infection control processes for people, staff and inspectors, with reference to COVID-19.

#### What we did before the inspection

We reviewed information we had received about the service. We had contacted relatives, health and social care professionals and staff before the inspection to seek their views. We received five emails from relatives, six from health and social care professionals and 14 from staff. All were complimentary about the service. We did not receive a provider information return as we had not requested it. 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 met with five people in their supported living settings and support staff assisted us to communicate with them. We met with the registered manager and a senior support worker at the service's office.

We reviewed two people's care records. We looked at a variety of records relating to the management of the service, including policies, procedures and staff training and recruitment records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed the additional documentation we had requested from the registered manager.

# 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

- The service had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff knew how to report and escalate any safeguarding concerns. Safeguarding processes and concerns were discussed at regular staff meetings.
- People were empowered and encouraged to report any concerns they may have about their welfare to the registered manager or senior staff.
- Relatives told us they felt people were safe using the service. Comments included, "I feel [person's name] is very safe and taken care of under the care of [registered managers name] and her team and I couldn't ask for a better service to look after him", "It feels very safe and well monitored there unlike the previous supported house [person name] was living at and it is a great comfort to us not to be worried and stressed about the situation" and "I feel [person's name] is in safe hands and feel very lucky to have found such a good setting for him."
- Health and social care professionals felt the service was safe. Comments included 'I do consider this service to be safe and caring' and 'I have always been confident that Lauren house has provided a safe and therapeutic home.'
- The registered manager had appropriately used multi agency safeguarding procedures when they had a safeguarding concern.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and well managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors.
- Risk assessments were regularly reviewed and updated to ensure they reflected people's current needs.
- Risks were managed in a way that did not restrict people's freedom and right to independence. The registered manager put plans in place to minimise the risk of abuse.
- Risks were discussed with the person, their family and health and social care professionals. A professional stated 'At all times they have kept me up to date with progress [of person], change of risk and needs.'
- The rota system was used effectively and consistently, which resulted in people receiving safe and timely care. People had agreed the times of their support and no one reported ever having had any missed support hours.

Staffing and recruitment

- The provider's recruitment practices were robust and staff records confirmed appropriate checks were



undertaken before they supported people in the service.

- People's relatives and staff all told us they felt there were enough staff on duty to meet people's needs. Where people were assessed as needing specific staffing ratios, to meet their care needs and when going out in the community, this was always provided.
- The service did not use agency staff. Staff absences were covered by existing or bank staff and management. This meant people always received care and support from staff they knew and trusted.
- Comments from staff included 'We have a good team. I work in the same house with the same people who we support', 'We have a rolling rota every 6 weeks so tend to be with the same people we support' and 'Even during difficult times (COVID) team members have pulled together to ensure consistency for the people we support and we have not needed to use agency. The services have remained well staffed and we have access to core staff as well as one to one support.'

#### Using medicines safely

- People received their medicines as prescribed by their doctor. Staff were competent in the safe management and administration of medicines. Staff completed relevant records following good practice. This meant where people needed support with their medicines, the support they received was delivered safely.
- Staff had completed medicines training and felt confident to administer medicines. Comments included, "I had lots of [medicine] training until I felt safe to do this. I was able to shadow other people as well" and 'I have received in house training as well as eLearning. There are medication audits completed weekly.'
- People could remain independent with managing their own medicines if they chose and were able to do so independently.
- The provider had policies in place to guide and support staff with the management of medicines.
- The registered manager provided oversight of medicines management. They regularly checked staff practice in this area, they also identified where further improvements may be required and took action to implement any improvement.

#### Preventing and controlling infection

- People were protected from the risk of infection and cross contamination including COVID-19. People told us staff regularly wore personal protective equipment (PPE) when they delivered care to them.
- The service had an ample supply of PPE. Staff had received training in the safe use of PPE. Their practice reflected current guidance.
- The service followed best practice for visitors to the service. This supported them to minimise risk of spread of COVID-19 to people who use the service.

#### Learning lessons when things go wrong

- The registered manager maintained an effective oversight of incidents that occurred at the service. They used this to identify areas of learning and improvement. They also took action to minimise the risk of reoccurrence where relevant.
- The provider had effective systems in place to cascade improvements and lessons learnt to relevant staff teams. For example, staff told us, "When we have incidents we review if anything could have gone different and how to best approach the given situation in future albeit with less risk to the person we support or supporting staff or others." This meant there was a service wide approach to implementing any improvements to the service.

# 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. 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

- Assessment of people's needs met the requirements of the Equality Act. This meant that practices in the service took steps to ensure there was equal access to good quality care and support to all people who used the service, irrespective of any protected characteristics such as disability, gender, race etc.
- Needs assessments reflected people's physical, mental and any additional needs. They reflected people's individual choices and guided staff on how to effectively provide support that suited people.
- People, their families and relevant health and social care professionals were involved in the development of comprehensive 'transition programmes' and were complimentary in how these had been implemented. This enabled people to move to the service in a planned manner to help ensure their needs were understood and could be met.
- Health and social care professionals confirmed this process had been well managed and comments included, "This service enabled the person to move back to his heritage county after seven years of being away from family and friends. This was concluded during a pandemic, a difficult and unprecedented time. The move went with no instance and the transition was smooth and carefully planned" and "They have communicated well with the previous provider and family members in a respectful way that builds trust. They are open to and actively seeking communication training for the resident in question and learning from the resident their particular communication style."
- One person had previously lived at the first Rainbow supported living setting and moved to the recently opened second setting. When they moved to live at this service, as part of their transition, all their key staff team moved with them to help maintain the continuity of their care and support.

Staff support: induction, training, skills and experience

- Staff received training which supported them to care for people. Staff told us they received an induction at the start of their employment with the service. Staff had access to regular supervision and refresher training whenever they needed it.
- Staff were skilled and experienced. The service had been open for a year and had retained, all but one, of their staff. This meant staff were experienced and knew the needs of people who used the service and how to meet individual needs.
- Staff were provided with opportunities to discuss their individual work and development needs. Individual staff meetings with the registered manager took place regularly, as well as group staff meetings, where staff could discuss any concerns and share ideas. Staff were extremely positive and enthusiastic about their training and management support. Comments included 'Loads of training I do all that is not only legally required but training that can help me be aware of latest legalisation and thinking.'
- Health and social care professionals commented on the quality of staff skill and experience, stating "At all

times I have found [registered manager's name] and her staff competent, skilled and knowledgeable when caring for individuals with mental health needs. I am also aware that a core value for the Rainbow Support group is delivering high quality care by ensuring that the staff have training and opportunity for growth and development."

- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.

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

- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices.
- Staff had good knowledge of people's dietary requirements and steps were taken to support people's needs. For example, supporting people to eat a healthy diet to assist with weight management.
- Where required, staff supported people to purchase their food and with preparing their meals

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

- Staff promptly referred people to other professionals when their needs changed. This ensured people could get support required from health or social care professionals.
- Relatives felt that the provider was quick to identify any health issues and act appropriately. Comments included, "On a couple of occasions since [person's name] started there they [staff] have identified problems that needed minor medical attention and arranged that promptly as well as getting his eyes tested and taking him to the dentist when he showed signs of toothache. On each occasion they have kept me informed."
- Health and social care professionals were positive about the progress people had made since living at the service. Commenting, "This service has been very engaging with the learning disability service and they have been open and honest around taking on new ideas/suggestions with the people they support. They have communicated well throughout whether that be by email/phone if they have had any concerns or want to make a query, they have made no hesitation to contact us."
- Staff supported people to effectively manage their health and wellbeing. They supported them to make and attend medical appointments.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported in accordance to the requirements of MCA. Staff consistently took the least restrictive option when supporting people to stay safe and independent. They sought people's consent before they delivered care and support to them.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's

best interest.

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

- The premises had been adapted to provide people with privacy to support their independence. Each person had their own self-contained flat, with access to a communal indoor space and private secure garden.
- Flats had been designed and decorated in line with each person's individual needs and wishes.

# 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. 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

- There was a relaxed atmosphere at the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- Staff knew people well. Staff told us they had time and support to develop the relationships required to tailor communication and support people in a way that made them feel like they mattered.
- The way staff spoke about people showed they genuinely cared for the people they supported. They talked about people's wellbeing and were focused on providing the right support to improve people's lives. Staff told us, "We all care greatly for the people we support. We aim to encourage their independence in every way that we can and be there to support them when we are needed", "We all try to do the best for the people we support, to help them live their best lives and we put person centre care at the heart of all we do" and "Providing opportunities for the people we support that they have not experienced before. Providing a safe home for them. I feel valued in my role and that I am making a difference."
- Relatives were complimentary about how staff supported their family members. Comments included, "I have been really pleased with the way he is being looked after. I had been very reluctant to entrust him to the care of others but he is absolutely flourishing in his new environment", "The staff are friendly, caring and enthusiastic and whenever I visit Lauren House there is a nice atmosphere which is homely rather than institutional", "With regards to the staff being caring, we have been very impressed by their attitudes and treatment towards [person's name], he is continually smiling and has settled in so well, this is also a reflexion of the transition preparation they did prior to [person's name] moving in" and "As for caring, the effort and love they gave to [person's name] when we were trying to get him vaccinated was outstanding."
- Health and social care professionals also provided positive views on the caring approach by staff to people they support. Comments included, "Staff and registered managers clearly care for the residents", "I am very impressed with the level of care that is delivered to this patient group, I have observed that the care team are very caring and supportive and at all times I have observed high standards of care being provided" and "On other visits, I have seen staff and residents relaxing at the table together and laughing. This is a joy to witness."
- Staff respected people's individuality and supported them in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices.

Respecting and promoting people's privacy, dignity and independence

- Treating people with privacy and dignity was embedded in the culture of the service. Staff were skilled at identifying when someone was becoming distressed or feeling anxious. They consistently followed guidance

in place to help the person feel calm and reassured.

- People could be as independent as they wished to be. The systems within the service supported them to maintain life skills they have and promoted their independence.
- Everything about how the service operated, and the way staff provided care and support was focused on the individual person and involving them in their care. Where any daily routines had been developed, these were in place to meet people's needs and wishes, rather than to benefit staff. A relative told us, "[The registered manager] is very engaged with the people she supports and has helped my brother improve so much in the last 12 months and become a more confident person even with his disabilities. My brother loves Lauren house and the people that support him. He's become a much more confident, Independent and outgoing young man willing to try things he wouldn't of tried before. His independence has astounded me with how he has come on with the support he has received from [the registered manager] and her team. If he needs help, he knows all he needs to do is ask and whenever I speak to him."
- People's confidential information was kept securely.

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

- Staff supported people to make decisions about their care as independently as possible. Representatives where needed were involved in decisions about the care of people they supported.
- People were involved in day to day decisions and had control over their daily routines. People were able to choose how they spent their time and which activities they engaged with. Some people were unable to share their opinions verbally and different methods of communication had been developed. Staff had a comprehensive understanding of these methods which included signs, pictures and objects of reference.
- Staff listened to people's views and ensured these were respected. Staff described people's communication needs and what support individuals required to understand and communicate effectively.
- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of empowering people to make even the smallest of decisions.
- Care plans also contained background information about people's personal history and their known routines. This meant staff were able to gain an understanding of people and engage in meaningful interactions with them.

# 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. 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 care plans included information about their needs, routines and preferences. Staff followed care plans to deliver care and support which was individualised to each person's needs.
- Care plans were reviewed and updated regularly. This meant staff had information which reflected people's current needs. People and their relatives were involved in the development and reviews of care plans.
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers. The service used an electronic application to record daily records logged in 'real time'. This further supported staff to have current and updated information about the persons' needs and how they spent their time.
- Relatives were complimentary about the on-line electronic recording system so that they could keep up to date with how their family member had spent their day. Comments included, "The online recoding system they use is really helpful and means as a family we can feel like we are updated even more than we would be usually" and "The communication is excellent especially the Care control app is particularly good."

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 identified, recorded and highlighted in care plans. Some people living at the service were either non-verbal or had limited verbal communication and used signing methods. Staff were aware of and had learnt people's own sign language. Health and social care professionals told us, "I have found that staff have developed a good understanding of [person's name], who is non-verbal and does not initiate communication. However, they have realised that he will go to stand near a carer and wait if he wants something. They have been able to recognise when he has been unwell" and "They are open to and actively seeking communication training for the resident in question and learning from the resident their particular communication style."
- Hospital passports had been developed for each person, to share with hospital staff, to help ensure their communication needs would be known if they needed to go to hospital.
- Information was provided for people in an understandable format. For example, adapted care plans, adapted/easy read information and the use of pictures, symbols and social stories. Communication preferences and styles were recorded in care plans and clear direction about what support was required to meet a person's communication needs. We observed people and staff communicating effectively together

throughout the inspection.

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 access activities within and outside the service. People had restarted some activities following the lifting of lockdown restrictions. People had photographs showing what activities they had been involved in and a record kept of how they responded to the activity. People were planning with staff a trip to London to watch a show and one person had returned from a holiday.
- Staff supported people to maintain relationships with their family and friends. Staff were supporting a person to rebuild a relationship with their family and had even considered which flat had an external accessible 'front' door so that visitors would feel they were not coming to see their family member in a supported living setting but to their own home.
- Staff were committed to supporting people to live as full a life as possible by helping people to fulfil their wishes and aspirations. Staff told us, " We all want to get the best for everyone and support them to be all they can be."
- Support plans recorded information about people's interests, past hobbies and what they enjoyed doing with their time.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaint would be responded to and the timescale. The complaints procedure was also presented in easy read format so that they were accessible to all.
- People had the opportunity to raise concerns during their care plan reviews and house meetings.
- Relatives told us they would be confident to speak to the management or a member of staff if they were unhappy.

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection.



# Is the service well-led?

## Our findings

Well-Led – this means 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

- There was a strong emphasis, within the staff team, on meeting people's individual needs and staff demonstrated a thorough understanding of people's differences and individual preferences.
- We observed that staff had good relationships with people, and they were treated well. Staff were committed to providing the best possible care and support for people and achieving positive outcomes for them.
- The culture within the service was open and centred on the people who used the service. People and staff had easy access to the registered manager or other senior support staff when needed. A relative told us, "[Registered managers name] is a fantastic registered manager. She is very engaged with the people she supports and has helped my brother improve so much in the last 12 months and become a more confident person even with his disabilities" and "I think it's very well managed. Nothing is too much trouble for [registered manager's name]. She is caring and super-efficient."
- Staff spoke highly of the support they received from the registered manager and the senior support staff. They had access to regular supervision and training. This supported their development and competence to carry out their role. Comments included, "[Registered manager's name] is a great registered manager who is well organised and generally cares" and "the management always have time and always there to listen and are very happy to hear any suggestions."
- Health and social professionals were all positive about the management of the service. Comments included, "It is great to see senior management working closely with their staff and being so supportive. As supported living should be, management are in the service and not locked in an office. Although registered managers have clearly been busy, they are responsive to their staff team" and "Most of my contact has been with the registered manager who I find to be open, reliable and pro-active. I have only found this service to be managed to a high standard."
- The provider's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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 registered manager understood their responsibilities under the duty of candour. Relatives were kept well informed of any events or incidents that occurred with their family member.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would

be listened to and acted on promptly.

- The provider had notified CQC of any incidents in line with the regulations.

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

- The service had an experienced registered manager who demonstrated a good knowledge of their regulatory responsibilities. They were supported in their role by directors and senior support staff who supported them to fulfil their role.
- The registered manager completed a range of quality assurance checks and audits, which they used to monitor the quality of care people received. Their checks and audits identified where improvements were required and they put plans in place to implement them.
- Management monitored the attainment of specific objectives identified for people, such as a decrease in the number of incidents of behaviour that challenged and the reduction of restrictive interventions. For example, this led to a person's staffing levels being reduced from two to one staff to support them, and cupboards no longer needed to be locked.
- Important information about changes in people's care needs was communicated at staff shift handover meetings.

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

- Relatives were regularly asked for feedback on the service's performance through informal conversations and meetings. All feedback seen was extremely positive. Relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of their care.
- Staff team meetings were held regularly and provided opportunities for staff and registered managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon. Comments from staff included, "The management always have time and always there to listen and are very happy to hear any suggestions."
- Registered managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by registered managers.

Continuous learning and improving care

- The registered manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- Systems used to assess and monitor the service provided were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.

Working in partnership with others

- The service worked collaboratively with professional's and commissioners to ensure people's needs were met. For example, regular reviews with the epilepsy team, at the local hospital, to monitor changes in seizure patterns or severity for one person.
- Professionals confirmed there were good working relationships with the service. Comments included, "In conclusion, I believe that Lauren house is an excellent placement that provides high quality care and I would recommend this service."
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.

