

Kisimul Group Limited

Salisbury House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Salisbury House is a residential care home providing personal care to three people at the time of the inspection. The service can support up to six people.

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

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

Right Support

The service supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives.

People were supported by staff to pursue their interests, take part in activities and be active in their local area.

Staff enabled people to access specialist health and social care support in the community and play an active role in maintaining their own health and wellbeing.

Staff communicated with people in ways that met their needs.

People and their family members told us they were happy with the care they received and felt safe.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People who had individual ways of communicating, using body language, sounds and pictures could

interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People received good quality care and support because staff could meet their needs and wishes.

People were supported by staff who understood best practice in relation to the wide range of strengths or sensitivities of 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.

Staff placed people's wishes, needs and rights at the heart of everything they did. People and relatives were involved in planning their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 4 December 2020 and this is the first inspection.

Why we inspected

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

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

Recommendations

We have made a recommendation about training.

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?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Salisbury House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection took place on 11 and 16 May 2022. The first day of our inspection was carried out by one inspector and a specialist advisor, who was a learning disability nurse. The second day of our inspection was carried out by one inspector. An Expert by Experience carried out phone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Salisbury 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 who was in the process of registering with the Care Quality Commission. This means that they (once registered) and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, the local clinical commissioning group and Healthwatch about the service. 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 made observations of people and how they expressed themselves through their facial expressions and body language. Not everyone living at the service was able to talk with us, and used different ways of communicating, including body language and signs. We spoke informally with one person, though didn't ask specific questions about their experience of life at Salisbury House.

We spoke with four relatives about their experience of the care provided. We spoke with five members of staff including the manager and provider's area manager.

We reviewed a range of records. This included three people's care records and their medication records. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We received feedback from two health and social care professionals.

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 were protected from the risk of abuse. Relatives felt confident to raise concerns and felt their family members were cared for safely. One relative said, "I think [person] is 100% safe living there. They are very happy and settled." Another relative said, "Things seem to have settled down now though, after lots of communication."
- People demonstrated they felt safe in the presence of staff. We saw people being supported to do things they enjoyed, with staff actively taking part. People's non-verbal communication whilst being supported by staff was relaxed, and showed they were happy and comfortable with the staff who worked with them.
- Staff understood how to recognise and report concerns or abuse. Staff received training in safeguarding and felt confident to raise concerns, both within their organisation and to external health and social care professionals.
- The manager reported any allegations of abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Assessing risk, safety monitoring and management

- People's needs were assessed, and any risks associated with their health conditions documented. These were reviewed regularly and updated when required. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe.
- Risks associated with the service environment were assessed and mitigated. The provider had a system in place for regular checks on all aspects of the environment. This included checks on fire safety systems and the removal of any hazards in the service that posed a risk to people.
- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. Each person had their own personal emergency evacuation plan (PEEP) with up to date information about people's support needs. This meant staff and emergency services would quickly know how to support people safely.

Staffing and recruitment

- There were enough staff to keep people safe, both within the home, and when people were out during the day. Relatives and staff felt there were enough staff available to meet people's needs and provide support when this was needed.
- Relatives commented on the challenges the service had faced in retaining staff at times. This included the way the service had needed to use agency staff. One relative said, "Generally agency staff are good, but not sure they have the in-depth knowledge around the communication needs for each person." The manager told us they tried to use the same agency staff, and to provide them with the same training all staff received.

This was to ensure people were supported as much as possible by staff who were familiar with them and knew how to communicate effectively with them.

- The provider recognised there were national issues affecting the recruitment of care staff and had developed a recruitment programme to address this.
- On the day of our inspection there were enough staff to support people at the service. We also reviewed a sample of the provider's rotas and established there were enough staff on each shift to meet people's needs.
- Staff told us the provider undertook pre-employment checks to help ensure prospective staff were suitable to care for people. Additional evidence from the provider confirmed this. The provider ensured staff were of good character and were fit to carry out their work.

Using medicines safely

- People received their prescribed medicines safely. Staff told us and evidence showed that medicines were documented, administered and disposed of in accordance with current guidance and legislation.
- People received their 'as and when' (PRN) medication when they needed it. There was guidance in place for people's PRN medicine which told staff when this medication was needed.
- Staff received training about managing medicines safely and had their competency assessed. This included training for PRN medicines that people might need.
- People were supported by staff and health professionals to reduce the need for any unnecessary medicines.

Preventing and controlling infection

- The service was clean and well maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections. We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was using PPE effectively and safely. 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 the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting Care Homes

- There were no restrictions on people welcoming visitors to their home and the provider was following currently published visiting guidance by the Department of Health and Social Care.

Learning lessons when things go wrong

- The service had systems in place to monitor and assess accidents and incidents. Accidents and incidents were documented and analysed regularly to assess trends and patterns. This had helped the service to reduce incidents and make improvements to the care provided to people who used the service.
- Where the manager or provider's investigation identified care needed to improve, staff were told what was expected of them, and people's care plans were updated to reduce the risk of further 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination.
- For example, staff followed the principles of the STOMP project (stopping over medication of people), which is national guidance to help reduce over-medication of people with a learning disability, autism, or both. This had resulted in people having some medication reduced where this was appropriate, to ensure they could live a good quality life.
- The provider had introduced the use of a nationally recognised tool to help staff identify a wide range of signs and behaviours of distress and also when people are content. This helped staff have confidence in advocating for health care or a change in support, particularly where people could not clearly communicate verbally when they were distressed.
- Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans. People and their relatives were involved in planning care before coming to live at Salisbury House. This pre-assessment period included looking at compatibility, to ensure that people were suited to living with each other.
- People's support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- The provider expected staff to undertake a range of mandatory training courses, including first aid, safeguarding, medicines competency and positive behaviour support.
- We noted staff were expected to complete an "introduction to autism" course, and the provider did not have more mandatory in-depth training. Not all staff were being supported to obtain external qualifications. For example, the nationally recognised level 2 or 3 in Health and Social Care. This put people at risk from receiving support from staff who were not trained to meet their specific needs.

We recommend the provider considers how to support staff to obtain an appropriate qualification to deliver specialist care for autistic people, who may also have a learning disability.

- Staff described a thorough recruitment and induction process, which they felt prepared them to support people well. One staff member described how they met people as part of the interview, and said, "There was an element of people-matching in this to see how I interacted with people and how they responded to me. The interview included questions that people had wanted to ask, which I thought was really good. It's important for the people to decide if they like and get on with potential staff."

- Staff spoke positively about people's relatives being involved in designing and delivering bespoke training. These sessions were specific to people's individual needs, supporting staff to have more in-depth knowledge of how each person's diagnosis affected on their daily lives.
- Daily handovers were recorded, so that staff had an accurate record of how they shared key information about people's needs each day.

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

- People were supported and encouraged to have a varied diet that gave them enough to eat and drink. Staff told us and records showed there was a varied menu, with options available for people with specific dietary requirements or preferences.
- Meal planning was done with people, and staff used pictures to help people make choices about food and drinks. Where people expressed views about wanting different options, or different times for their meals, their preferences were met.
- People were encouraged to take part in shopping and meal preparation as much as possible.

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

- Each person had good access to primary healthcare services, which was evidenced in their health action plans and care records. This included doctors, dentists, occupational therapists, speech and language therapists as well as having hospital appointments. People's health action plans contained accessible information, including the use of pictures and social stories. This helped ensure each person understood what their health appointment was for, and what to expect.
- Staff we spoke with were familiar with people's health needs, as detailed in care records. Care plans stated what people's needs were and detailed what staff should do to help people maintain their health.
- Staff shared information with each other and with people's relatives about people's daily care. Staff also kept notes regarding health concerns for people and action taken. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.
- Care records showed staff regularly contacted health professionals for advice if they were concerned about people's well-being. Any advice from healthcare professionals was incorporated into people's care plans so staff knew how best to support people.

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

- The provider ensured the environment was suitable for people's needs. People were encouraged to make choices about decorating their own bedrooms and ensuite facilities. Before moving to Salisbury House, people and their relatives were involved in planning the decoration and furnishings for their rooms to ensure they felt safe and comfortable there.
- Bathing and shower facilities were designed to be fully accessible for everyone, and each person had their preferred choice in their ensuite facilities. This meant people were able to make choices about their personal care which promoted independence in bathing and showering. The ensuite facilities also gave people more privacy and dignity when bathing or showering.
- Each person's room was also designed with them to ensure their environment met their sensory needs. Communal living areas were also decorated with people's sensory needs in mind. Staff felt people felt safe and happy because they had more control over their own environment.

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.

- Relatives said staff gained permission before offering personal care or support. Throughout the inspection, we heard staff ask people for their consent when offering care and support and encouraging people to make their own decisions about their daily lives.
- Staff understood the principles of the MCA, including how to support people to make their own decisions, and how to proceed if the person lacked capacity for a particular decision. One staff member said, "We need to not "do things" for people just because this would be the easiest option, but we always promote choice and prompt people to do as much as they can."
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people. Conditions associated with people's DoLS authorisations were met and reviewed regularly to ensure they met the principles of the MCA.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives felt staff supported their family members to make choices, listened to them, and respected their choices. Relatives also spoke positively about the caring approach staff had. One relative said, "They are lovely - very kind and caring. [Keyworker for family member] is awesome. They know [family member] very well and they get on so well." Another relative said their family member was, "Well cared for and happy. They're always happy to go back to Salisbury House and that says so much to us."
- People were comfortable with the staff who supported them. We saw a lot of positive interactions between people and staff throughout the inspection. It was apparent staff knew people well and how best to support and communicate with them. Staff members showed warmth and respect when interacting with people. Staff were also calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- The provider had a range of policies and training in place, which staff were required to understand and demonstrate when providing personal care and support to people. By setting out the standards expected of staff, the provider could then check whether staff were supporting people well, respecting their rights and helping them to live the lives they wanted.

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

- People were supported to express their views about their care and daily lives and make their own decisions as far as possible. Staff involved people, their relatives and health and social care professionals to develop personalised care plans that accurately reflected people's needs and preferences.
- People were given time to listen, process information and respond to staff. Staff supported people to express their views using their preferred method of communication.
- Staff clearly understood people well, using their preferred communication styles and making use of each person's likes, dislikes and needs to provide care to each person. For example, one person communicated clearly in their own way. Staff had created a communication care plan with the person, detailing how the person expressed their needs and wishes. All staff we spoke with were familiar with each person's different ways of expressing themselves.

Respecting and promoting people's privacy, dignity and independence

- Relatives were confident people were treated with dignity and respect. One relative said, "They treat [family member] very well and respect their privacy. They have private time and staff respect this because it's important to them." Staff confirmed this, describing how the person told them they wanted their own space, and how staff would respect this.
- Staff were very clear that they understood when people had enough of something, be this an activity or

wanting time on their own. One staff member said, "Staff need to notice and respect this, and not push people beyond what they are comfortable with. This is all about respecting choice and giving people control."

- We saw staff ensured people's privacy and dignity were respected. For example, staff knocked on people's doors before entering and waited for each person's response. Staff had a good understanding of dignity in care and had training in this.
- People's confidential personal information was stored securely, and the staff team were clear about who should have access to this.
- Staff ensured that any conversations about people's care were done discreetly. Staff understood when it was appropriate to share information about people's care.

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

- Care plans were personalised and contained information about people's likes and dislikes, hobbies and favourite places and activities. Relatives said they felt involved in planning and reviewing people's care.
- The provider had recently given relatives on-line access to the system they used for recording daily care. Relatives said they looked forward to using this system to enable them to have a clearer view of people's daily lives. One relative said, "This (access) is very new, and we feel there needs to be more detail (in the records) for this to be useful." The manager confirmed that staff were aware that the quality of daily records needed to improve, and we saw this had been discussed in staff meetings.
- Relatives spoke positively about people's support being tailored to their needs and wishes. Each person had a support plan which identified target goals and aspirations and supported them to achieve greater confidence and independence. Staff routinely sought opportunities for leisure activities and widening of people's social circles.
- A health and social care professional said they felt staff worked hard at taking a person centred approach with each person, and this had resulted in major progress for them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to try new experiences, develop new skills and gain more independence. Several staff spoke with us about different experiences people had tried recently and how each person had responded. For example, one person was supported to go on a train journey with staff. They had been unsure about the experience, so staff were now working on breaking the journey down into much smaller steps. Staff could then support the person to become comfortable with each part of the journey, and this would increase opportunities for travelling with relatives and staff.
- Two relatives expressed concern that there were times when planned activities did not happen because there were not enough staff on shift who could drive the provider's vehicles. The provider told us they were aware of this, and with ongoing staff recruitment, hoped to ensure there were enough staff on each shift who could drive.
- Staff described how they would plan and risk assess any new opportunity with people, and then review how people felt about new experiences. This meant people felt safe and supported to try new things and could then choose whether they wanted to do them again in future.
- Although activities outside the home had been impacted by the coronavirus pandemic, staff had tried to ensure that people continued to do things that were meaningful and enjoyable to them. Staff acknowledged this had been difficult, and lockdown had put people at risk of losing aspects of their independence. However, staff said they tried to ensure each person still had lots of opportunities each day to do things they

enjoyed. Records we looked at supported this.

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.

- The service followed the principles of the AIS. People's communication needs were explored as part of the care planning and review process, where staff looked at how to support people to have access to information in formats they could understand. For example, using large print, or the use of clear verbal information, supported by signs or symbols.
- People's communication needs were clearly identified in their care plans. This helped staff understand how best to communicate with each person. People's communication care plans included information on individual abilities and needs and the staff support required. For example, speaking clearly and slowly and providing simple instructions one at a time, using Makaton, or using social stories.
- The provider also used technology to help staff create quick resources when needed for people. We saw examples of how different communication techniques had been used to help people understand information about their care and support, as well as used for everyday communication about what was happening during the day.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. None of the people we met with had any complaints about the service, but they knew how to complain and felt confident any issues would be addressed. A relative said, "I have regular meetings with [the manager] and we go through any issues etc. and how to resolve them."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- The provider had a policy and process for managing complaints, which was displayed clearly in the home. This was available in a range of formats to make it accessible to people. Records showed that the service dealt with complaints and concerns appropriately and took the opportunity to learn lessons and make changes.

End of life care and support

- No-one at Salisbury House was receiving care at the end of their lives at the time of our inspection. However, we looked at how end of life care was planned. There was no evidence that staff were trained or supported to discuss end of life care planning with people and their relatives. People and relatives were not supported to discuss their views and wishes on care at the end of life if they wished to do so. This put people at risk of not being supported in ways they and their relatives wanted in the future.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People's needs and wishes came first, and staff both told us this and demonstrated it in the way they supported people. Feedback from a visiting health and social care professional supported this. They commented that the staff team were wholly focussed on people's needs.
- The manager and staff team worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Staff felt respected and supported by their manager which supported a positive and improvement-driven culture. A staff member said, "[Manager] is a breath of fresh air – they listen and they're brilliant! They're the best manager we've had here. I get the support I need. [The manager] is responsive to new ideas, which is brilliant."
- Staff spoke positively about the support they got to carry out their roles and told us they felt part of a big team all working together to improve people's lives. Staff also spoke about the opportunities they had to develop their skills through training and development. One staff member said, "I really enjoy working here – I love the house and supporting people here. I look forward to coming to work, with the people and the team support we get. [The manager] is a breath of fresh air – absolutely amazing as a manager. They're always there for support. No question is a silly question. They'll always help to answer and is approachable."
- Staff felt able to speak up about any concerns they may have regarding people's care without fear of what might happen as a result.

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 undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. This included a range of regular checks on all aspects of people's care and the building environment. There was a plan arising from audits to show what action was required and who was going to do it. This meant any issues were dealt with in a timely way.
- The manager had a good understanding of their role and responsibilities to manage and lead the service consistently well.
- The staff team understood their roles and were open and honest during our inspection. The provider and staff team we spoke with were positive about the quality of care and how to improve the service.
- The provider had notified us of all significant events which had occurred in the home in accordance with

their legal responsibilities.

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

- Staff encouraged people to be involved in the development of the service. Staff showed us that they did this using appropriate communication methods for each person. This ensured that everyone had the opportunity to share their ideas to make the service a better place for them to live.
- The provider sought feedback from people and relatives and used the feedback to develop the service. There were quarterly meetings and a family forum for relatives to share their views and discuss issues with staff. One relative said they felt this was really helpful for them, as they knew they could ask questions and get answers about the quality of care.

Continuous learning and improving care; Working in partnership with others

- The provider kept up to date with national policy and best practice to inform improvements to the service.
- The provider invested sufficiently in the service, embracing change and delivering improvements.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager was open with the inspection team about where improvements had been made, and where there was still further work to do.
- Staff and the registered manager were confident to recognise when they needed to refer people to external health and social care professionals. This meant people got the right support in a timely manner when needed.