

Mrs P Hunter

# Hunters Lodge

## Inspection report

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Date of inspection visit:  
01 July 2022

Date of publication:  
26 July 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

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

Hunters Lodge is a residential care home providing personal care and support to older people and people with learning disabilities and/or autistic people, physical disabilities and dementia. There were seven people living there at the time of the inspection. The service can support up to nine people.

### 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. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. Staff supported people to achieve their aspirations and goals.

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced.

The service gave people care and support in a safe and clean environment. People had a choice about their living environment and were able to personalise their rooms. People benefitted from an interactive and stimulating environment.

The service made reasonable adjustments for people so they could be fully involved in discussions about how they received support, including support to travel wherever they needed to go. Staff supported people to take part in activities and pursue their interests and to stay in touch with people important to them.

Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

#### Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People 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, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### 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 trained staff could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

#### Why we inspected

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

#### 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 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.

# Hunters Lodge

## 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 2008.

#### Inspection team

The inspection was carried out by one inspector and one Expert by Experience. 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

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 1 July 2022 and ended on 6 July 2022. We visited the service on 1 July 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also used information gathered as part of monitoring activity that took place on 19 April 2022. We used all this information to plan our inspection.

During the inspection

We spoke with three people using the service. We also spoke with the registered manager, the deputy manager and three care workers. We reviewed a range of records, including five people's care records, two staff records and various records relating to the management of the service. Relatives of people using the service were unavailable when we called. After the inspection we continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection in August 2021 we found systems and processes did not always ensure risks associated with people's care and support needs were sufficiently assessed and safely managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from avoidable harm.
- Risks associated with people's care and support needs were assessed, monitored and safely managed.
- People's care and support records contained detailed personalised information for staff to prevent or mitigate risks to people.
- People's risk assessments were reviewed regularly and updated when something changed.
- People had personal emergency evacuation plans in place and they contained detailed personalised information for staff about how to support people individually to evacuate the building.
- The provider had systems and processes in place to ensure the required health and safety checks were carried out and certificates of safety were up to date.
- Food and drinks that had been opened were labelled with use by dates.

### Using medicines safely

At our last inspection in August 2021 we found medicines were not always safely managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were used safely.
- Medicines management systems and processes followed national guidance. This included the storage of medicines.
- Only staff trained to administer medicines supported people with their medicines.
- People's care records contained detailed information for staff to support people with their medicines. This included personalised information for staff to support people with 'when required' medicines.
- There were procedures in place for staff to report to medicines errors and concerns.
- The service worked in partnership with healthcare professionals to review people's medicines.
- The registered manager audited medicines management to make sure people received their medicine safely and took action to make improvements when issues were identified.



## Staffing and recruitment

At our last inspection in August 2021 we found the provider did not always operate safer recruitment procedures. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- There were enough staff to support people safely and staff were safely recruited.
- The registered manager and deputy manager helped to provide people with support when the service was short staffed due to staff absence or staff having to accompany people to an increased number of healthcare appointments. The provider also employed extra staffing at times to facilitate people's appointments.
- The registered manager had made applications to the local authority for increased funding to employ more staff to support people whose needs had changed and now required a higher level of support.
- The provider carried out safer recruitment checks. This included checking with the Disclosure and Barring Service (DBS). The DBS checks contain information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

## Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's IPC policy was up to date.

## Visiting in care homes

- People could have visitors whenever they wanted.
- The provider's visiting policy and practice followed national guidance for visiting people living in care homes.

## Systems and processes to safeguard people from the risk of abuse

- There were safeguarding systems and processes in place to protect people from abuse and improper treatment.
- People said they felt safe.
- Staff were trained to recognise and report abuse.
- There were procedures in place for staff to raise safeguarding concerns with external organisations.
- The provider reported safeguarding concerns to the local authority and CQC when necessary.

## Learning lessons when things go wrong

- The provider and staff learned lessons when things went wrong and improved the quality of the service.
- There was system in place to identify learning and share lessons. This included processes for recording, reviewing and auditing accident and incidents. The procedures in place helped management and staff notice patterns in things that had wrong.
- Lessons learnt and actions for staff were shared with staff in staff handovers, supervision, staff meetings,

updates to people's care records and messages in workplace social media groups, which included agency staff.

# Is the service effective?

## Our findings

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

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

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

- People's needs and choices were assessed, and their care was delivered in line with standards, guidance and the law.
- Managers met with people and their families and carried out needs assessments before people started receiving a service. This included people's preferences.
- People had detailed person-centred care plans in place. They contained information for staff about people's care needs and how people wanted to receive their support.
- Staff regularly reviewed people's care plans with them and their families to make sure they were up to date and reflected people's current needs and choices.

Staff support: induction, training, skills and experience

- People received their care from trained staff who received the support required from management and the provider.
- New staff completed induction training, which incorporated the Care Certificate, before working directly with people. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The induction programme included shadowing experienced staff and getting to know people and their care and support needs. New staff had to complete a probationary period before being permanently employed, this included management carrying out checks to make sure they were suitable for the role.
- All staff regularly completed core training, including refresher training. The provider used a staff training matrix to monitor staff training and ensure it was up to date.
- Staff received regular supervision and management carried out staff competency checks.

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

- The building had been adapted to meet people's needs and there were plans in place for the redecoration of the home.
- People chose the colour, decoration and furnishing of their rooms and people's rooms were personalised with their belongings.
- The home was fitted with equipment to support people's needs and was laid out in a way that facilitated the use of wheelchairs.
- There was a well-cared for garden people used and the provider had built a garden room which was used by people and their families and staff.
- Some people's rooms and the communal areas of the building needed redecoration, this included the

kitchen and dining area and some parts of the building required minor repairs and updating. The provider had a plan in place for the redecoration work and the repairs, which included timeframes.

- The redecoration of some people's rooms had already been completed and work on other people's rooms was scheduled for July 2022. The redecoration of the communal areas of the building was also scheduled for July 2022 and the minor repairs and updates were scheduled for August 2022.

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

- People were supported to eat and drink enough and maintain a balanced diet.
- Staff supported people to do their food shopping and prepare meals.
- The provider consulted people about what they liked to eat, and the service had a menu that reflected people's choices. People were able to make their own meals if they wanted to eat something different to what was on the menu.
- Staff supported people who required assistance to eat.
- Staff recorded people's food and fluid intake.

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

- Staff supported people to receive consistent and effective care in a timely manner.
- Staff worked with GPs, specialist healthcare teams, nurses, hospital staff, local authorities and social workers to ensure people received the care and support they needed when they needed it.
- Staff accompanied people to healthcare appointments and kept their families up to date about their health and support when it was appropriate to do so.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and live healthier lives.
- The registered manager had reviewed people's care plans and made referrals to healthcare services for some people's diagnoses and care needs to be reviewed and some people's treatment to be changed.
- People had been supported to access assessments for specialist footwear, physiotherapy, mental health conditions, choking risks and physical health conditions. The registered manager had referred some people for check-ups for medical conditions that had been dormant and not checked for a long time and for NHS funded footcare. They had also requested a review of some people's medicines, with a view to them having some of their medicines reduced.
- Some people had received specialist equipment as a result of referrals and assessments.
- Staff supported some people to manage their health conditions by modifying their diets and taking more exercise, such as going for walks with their keyworker. A keyworker is a member of staff who is responsible for ensuring a person's needs are met. Staff also supported people with their mental health, such as supporting people to gradually change some of their behaviours linked to their mental health condition.
- Referrals for a positive behaviour support plan had been made for people whose behaviours sometimes displayed distress. Positive behaviour support is a person-centred framework for providing long-term support to people with a learning disability and/or autism, who have, or may be at risk of developing, behaviours that display distress.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service worked within the principles of the MCA.
- People had mental capacity assessments in place and best interests meetings were held when decisions needed to be made for specific matters.
- The provider had made DoLS applications when it was necessary to put restrictions in place to protect people from harm and staff applied related conditions appropriately.
- Staff sought people's consent where possible and the provider sought the consent of people's families when it was appropriate to do so.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection in August 2021 we found people's care had not always been planned to ensure they had choice and control and to meet their preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care was planned to ensure they had choice and control and their needs and preferences were met.
- People had detailed and personalised care plans in place. They included information for staff about people's life history, care and support needs, interests, likes, dislikes and preferences and people that were important to them. They also included information for staff about how people wanted to receive their care and support.
- People's care plans were reviewed with them and their families regularly to make sure they were up to date and reflected their current choices and decisions.
- Staff knew people well and had a good understanding of their individual needs and preferences because they worked closely with them on a daily basis and read their care plans and updated their care records. Staff communicated well with each other about changes to people's needs and preferences.

Meeting people's communication needs

At our last inspection in August 2021 we found the provider had not followed the Accessible Information Standard. They had not accurately recorded some people's communication needs and support. This meant they could not ensure all people with a disability or sensory loss were given information in ways they could understand. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider followed the AIS.

- People's care plans included information for staff about their communication needs and individual ways of communicating.
- Care plans also contained guidance for staff about how to meet people's communication needs, including what formats in which to give people information.

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 develop and maintain relationships, follow their interests and participate in activities.
- People's care plans contained information for staff about their interests, activities they liked to do, and which people were important to them.
- The provider had an activities programme, which included an art therapist delivering arts and crafts activities twice a week. People were involved in creating the activities programme.
- People were supported to do a wide range of things they liked doing. This included going to college, having a voluntary job, being part of an external activity group, going to restaurants, going shopping, playing games, doing exercise and attending church services.
- People had also been supported to go to motor racing events, the zoo and the park. One person was supported to buy a new electric guitar and amplifier. People helped with the gardening and went to garden centres and bought plants. Some people went to see musicals. People were supported to visit their families.
- People told us they were happy with the activities provided.
- People's birthdays were celebrated. The service had received a thank you card from a person's family thanking staff for the person's birthday celebrations.
- Staff supported people to keep in touch with people important to them.
- One person had been supported to go on a family holiday abroad and attend a family wedding. A member of staff accompanied the person on the holiday to provide them with their care and to support them to participate in things.
- The service had received a thank you card from the person's family thanking the service for its support in ensuring the person and their family could go on holiday together and attend the wedding. They also thanked staff for taking the person shopping for wedding clothes and for the registered manager persuading the wedding hotel to let the person stay there even though it was fully booked.

Improving care quality in response to complaints or concerns

- The provider investigated complaints and concerns, responded appropriately to people and made changes and improvements where necessary.
- There was a complaint policy and procedure in place. People were given information about how to make a complaint in ways they could understand.
- People and their families knew how to make a complaint and raise concerns and felt comfortable to do so.
- The service had not received any complaints since the new registered manager had started working there.

End of life care and support

- The service was able to support people at the end of their life.
- People had end of life care and support plans in place. These included people's end of life wishes and preferences.
- Staff had received end of life care training and had the knowledge and skills to support people at the end of their lives.
- The service had worked in partnership with St Christopher's hospice to develop people's end of life care plans.
- St Christopher's had previously awarded Hunters Lodge an end of life care certificate for following the

hospice's end of life care programme.



# Is the service well-led?

## Our findings

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

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

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

At our last inspection in March 2021 we found quality assurance checks were ineffective because they had not identified the issues we found during our inspection. We were concerned the registered manager lacked the knowledge and skills required to ensure good governance and arrangements in place were insufficient to drive improvements. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Managers and staff understood their roles and responsibilities and there were effective quality assurance systems and processes in place to monitor quality performance and ensure good governance.
- A new registered manager had been in post since February 2022.
- Managers carried out a range of checks and audits to monitor and improve the quality of the care and support people received. Action was taken to improve procedures and practice when audits identified issues.
- Staff had clear job descriptions and the service had a mission statement and a set of values and staff were made aware of these.
- Lessons learned and updates to guidance and practice were shared with staff in various ways and management regularly checked staff competency and provided staff with the support they needed.
- The registered manager understood their legal obligations and knew what incidents had to be reported to the local authority and CQC and when to submit notifications to CQC.

At our last inspection in March 2021 we found the provider was not displaying the most up to date CQC rating for the service. They were displaying a CQC rating from a previous inspection. This was a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider was displaying the correct and most recent CQC rating. Therefore, the provider was no longer in breach of regulation 20A.

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

- The home had a positive, inclusive and empowering culture which achieved good outcomes for people.
- People spoke positively about the managers and staff. One person said, "They are always kind and

respectful" and another person told us, "I get on well with them and they speak nicely to me". Another person said, "The carers take good care of me".

- The managers and staff spoke positively about people. The registered manager told us, "People love the interaction with staff. The engagement with staff is so lovely. [Person using the service] is much happier, the way she laughs and smiles is lovely. She is much more able to interact than some people may have thought. It is beautiful to see".
- Staff said things at the home were much improved and they felt their jobs were rewarding. Staff were proud of people's achievements and the support they gave people to achieve their goals. The staff and the managers had planned an evening out together to celebrate their recent achievements.
- The registered manager said, "Staff attitude is amazing, and it is a lovely environment here, where people are cared for and respected. Staff work with people in different ways and have taken on their individual communication needs".
- People and their families participated in planning how care and support was provided. This included planning activities and the home's menu.
- The support people received had a positive impact on them and their quality of life. Some people talked and walked more than they had previously done, and some people's anxious and distressed behaviours had reduced, including enabling them to eat their meals with other people in the dining room instead of alone in their room. Some people could also now share food with other people, whereas that had previously caused distressed behaviour, and some people were able to organise their room better, to reduce the risk of hazards.
- One person told us, "The carers used to wash my hair but now I do it myself" and "I shower myself too now". Another person said, "I look after my own personal care, but with some help".

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

- People and their families and staff were involved in developing the service.
- The provider asked people and their families and staff for their feedback about the quality of the service.
- The provider held residents' meetings, where people could share their views and ideas. People and their families could also raise issues or share feedback informally at any time.
- Feedback questionnaires had been carried out with people in May 2022 and feedback surveys had been sent to people's families in June 2022.
- Management listened to both permanent and agency staff and tried to implement their ideas or make suggested changes where possible.
- Staff were able to raise issues in meetings, supervision, workplace social media groups or informally at any time.
- People's care plans contained information for staff about their equality characteristics and their cultural and religious preferences.
- The provider had considered the equality characteristics of people and staff when completing individual COVID-19 risk assessments.

Continuous learning and improving care

- The service promoted a learning environment, and this improved the care and support people received.
- The registered manager and deputy manager attended local authority forums for providers and care managers. They also received email updates from the local authority about infection control and COVID-19. The registered manager said these support networks were very helpful for keeping up to date with guidance and sharing good practice.
- Management cascaded information and learning to staff and there was a read and sign book for staff to read and acknowledge updates to guidance and practice.
- The provider had signed-up the service with a new training provider for a broader set of additional training.

This was so staff could develop their knowledge and skills beyond the core training.

- The deputy manager was studying for a level five National Vocational Qualification in care work.
- Staff said they wanted to learn how to write care plans and management were planning to train them in how to do it.
- The managers had provided staff with training to improve their understanding and skills around keywork. This had made the keywork support people received more effective.

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 understood the duty of candour.
- Managers and staff communicated openly and honestly with people and their families and other professionals when there was an incident.

Working in partnership with others

- The service worked in partnership with a range of services and organisations to meet people's needs.
- Management and staff worked well with health and social care professionals, day centres, colleges, employers, community groups, the local hospice and people's families to ensure people received the care and support they required.