

Luton Borough Council

# Supported Living Service

## 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

Supported Living Service is a supported living service, providing personal care to people living across 8 shared houses. The service provides support to people living with a range of care needs, including physical disabilities, learning disabilities and autism. At the time of our inspection there were 34 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection the provider was supporting 18 people with personal care.

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

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.

#### Right Support:

Staff supported people to have an active role in planning for and maintaining the health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were encouraged to regularly discuss and plan their care and support, enabling them to maximise their potential and challenge themselves to achieve and lead a rewarding and fulfilling life.

#### Right Care:

People received exceptionally kind and compassionate care. Staff knew people very well, understood and responded to their individual needs. Staff promoted and respected people's right to privacy, dignity, and respect. Staff knew how to protect people from the risk of harm and abuse. Staff were fully committed in promoting people's human rights, which included making available and sign posting people to sources of additional help and advice, which included external support groups and advocacy services.

#### Right Culture:

Staff were motivated and proud of the service. They spoke highly of the management team and were supported to develop. Relatives were highly complementary of the staff and management, and their commitment to go above and beyond to deliver inclusive and empowering care. Governance of the service was well-embedded, with a strong commitment to monitor the performance of the service to bring about continued improvement.

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

This service was registered with us on 05 November 2021 and this is the first inspection.

The last rating for the service at the previous premises was good, published on 04 May 2019.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Supported Living Service

## 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.

#### Inspection team

The inspection was carried out by 2 inspectors. One inspector visited the providers office and people in their homes. A second inspector made phone calls to relatives to gather feedback.

#### Service and service type

This service provides care and support to people living in 8 '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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was 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 that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 May 2023 and ended on 30 May 2023. We visited the location's office on 15 May 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We visited and spoke with 4 people who use the service. We also spoke with 4 relatives about their experience of care and support provided. We observed people and their interaction with staff and each other throughout the inspection visit. We also spoke with 6 members of staff including the registered manager and support workers. We received email feedback from a further 6 members of staff.

We viewed a range of records. This included 4 people's care records, associated risk assessments and medicine administration records (MAR). We looked at 4 recruitment files. A variety of records relating to the management of the service, including health and safety records, risk assessments, staff rotas and quality assurance audits were examined.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at key policies and procedures, staff training and governance information.

# 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 of 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 kept safe from the risk of harm. Staff knew people well and understood how to keep them safe.
- People felt safe. One person who used the service said, "Yes! I feel safe, you just know when you are safe!" Relatives we spoke with agreed, 1 relative said, "The [staff] are really good, they really care."
- Staff received safeguarding training. They understood the signs of abuse and how to report any concerns. One staff member told us, "If I noticed any of these things I would challenge it immediately, report it and complete the relevant paperwork, I would seek advice from my managers if needed."
- The provider had policies and procedures in place to safeguard people from abuse. We saw the registered manager had referred safeguarding concerns appropriately and promptly to the local authority and other stakeholders as required.

Assessing risk, safety monitoring and management

- People's planned care was regularly reviewed, and risks reduced through robust assessment.
- Care and risk plans provided staff with the information they needed to support people safely. This included environmental risks to people in their homes. For example, fire risk checks.
- Accidents and incidents were regularly reviewed to help identify any trends and consider action to reduce the risk of reoccurrence.

Staffing and recruitment

- Staff were recruited safely, there were enough staff to keep people safe and meet their needs.
- Where needed, the provider used regular agency workers to cover any staffing gaps. These were the same staff where possible, so they could get to know the people they were supporting better and to allow people using the service to become familiar with them.
- The provider ensured staff were recruited safely by undertaking robust pre-employment and identity checks. These included employment history, employment references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were fully involved during the recruitment process. People were invited to think of and ask their own questions at the interview stage. This meant people were involved in choosing the staff to support them.

Using medicines safely

- Medicines were administered, stored and disposed of safely and information about a person's medicine

was recorded within their medication and care records.

- People received their medicines as prescribed and was administered by staff trained in the management of medicine, who had their competency regularly assessed.
- As required (PRN) medicine protocols were in place. This included what the medicine was used for and how to identify when the person required it.

#### Preventing and controlling infection

- The service followed effective infection prevention and control measure to keep people safe, staff had access to personal protective equipment (PPE). We observed staff using PPE appropriately.
- Care plans covered the importance of good hygiene practices and worked with people to support them to maintain good levels of hygiene, for example, setting goals to promote handwashing.

#### Learning lessons when things go wrong

- There was a clear process for sharing information when things went wrong. The provider had systems in place to share any learning within the service. For example, sharing via newsletters, email and various meetings.
- The registered manager reviewed accidents, incidents and near misses monthly. Any learning from these events was shared with staff through meetings and supervision.



# 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, preferences and choices were assessed prior to them joining the service. The provider carried out a comprehensive assessment with the person and their relatives to ensure they could meet their needs.
- One relative told us, "[Staff] came round and we talked to them about the service and all about [person], and what we should do in relation to the transition. [Person] really does adore [staff]."
- People's support plans covered their diverse needs, for example, their cultural background and gender identity.

Staff support: induction, training, skills and experience

- People were supported by staff with the right skills and knowledge to keep people safe and respond to their needs.
- Staff received a comprehensive induction programme before working with people. This included a mixture of online and face to face training accompanied by regular shadow shifts. One staff member told us, "I have the best line manager, they support me in my role. I receive good mentoring and training for my role."
- Staff received regular supervision and were given opportunities to develop. For example, 1 staff member said they found conducting supervision a challenge, their supervisor arranged a reflective supervision skill course to support them to develop in this area.
- From 1 July 2022, all health and social care providers registered with CQC must ensure their staff receive training in learning disability and autism, including how to interact properly with people with a learning disability and autistic people. The provider had implemented 'The Oliver McGowan Mandatory Training on Learning Disability and Autism' which is the government's preferred and recommended training for health and social care staff to undertake.
- Staff told us ongoing training was sufficient for their needs but was mostly online and there was a preference for some more face to face classroom-based learning.

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

- Staff were aware of people's individual food preferences. People were involved and supported to choose and prepare food and drinks. We saw one person preparing and peeling vegetables. They were engaged with the task and were excited to tell us they were making shepherd's pie for dinner.
- The provider was aware of potential risks relating to nutrition and hydration and took steps to mitigate these risks. For example, staff recorded on food charts where someone had been identified as at risk of weight loss, this meant they could identify any concerns and escalate them to the person's GP as needed.

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

- People were supported to maintain healthy lives. Care plans set out clear goals, developed with the person to help them achieve a healthier lifestyle. One relative told us, "Staff really know him well. They encourage him. He likes his food. They try to encourage him to eat healthily but allow him to pick the things he likes."
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs.

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

- The provider worked in partnership with other professionals to ensure people's healthcare needs were understood and appropriate support was provided.
- People's care plans showed that they were supported to see healthcare professionals when needed. We also saw any recommendations were acted upon in a timely manner.

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.

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, 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.

- People were supported to have maximum control over their lives. Where people lacked capacity to make decisions, there were robust assessments in place, taking the persons wishes into consideration and ensuring any decision was in the persons best interests.
- Staff had a good understanding of MCA requirement and ensured records were held of any decisions made on a person's behalf. Staff told us, "We always get [people's] consent when we do things, we have a form to fill in to make sure we have tried everything to help them be involved in any decisions."

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

- People were encouraged to decorate their homes in the way they wished. Two people we spoke with were very excited to show us their rooms. They had chosen the colours and layout of the rooms themselves with the support from staff.
- Where people needed support, staff advocated for people on their behalf by escalating any concerns with the properties landlord.

# 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

- Staff were kind, caring and compassionate. People's diversity was embraced and formed a core culture within the service.
- Staff told us they viewed the people they supported as extensions of their own family; this was clear from our observations. One staff member said, "I enjoy it. Even when I am at home, I am always thinking about how to involve them, plan things with them. I just love them so much." Another person showed us pictures of events they had been part of. They pointed out staff in the pictures who were present during the inspection, visibly smiling and excited to recollect the memories.
- Relatives were complementary about the service. One relative said, "I think it is excellent, we love the home [person] is in, we don't have to worry, it's like a family, they're happy, staff are really good. [Person] would let us know if they weren't happy."
- Staff demonstrated a remarkable awareness of individuals interests and aspirations. For example, 1 person was unable to verbalise and had limited movement, through keen observations and attentive interactions, staff had identified their enthusiasm and positive responses when exposed to a particular genre of African music. During the inspection, the person had indicated to staff they wanted to listen to the music. We saw the persons face light up with delight and their body language become animated with anticipation as the music began. Their immediate response was evident as they erupted in the chair dancing joyously amongst staff members.
- Another relative told us about the support provided and the progress their relative had made since moving in. "[Person] puts their chair away after they've eaten, takes the plate and cup through to the kitchen, they never used to do anything like that. Its surprised me how much they are coming on. [Person] is picking out their clothes, being more independent."

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

- The provider prioritised the dignity and wellbeing of all individuals. Where identified, the provider worked with individuals to support them with their gender identity, to freely express themselves without judgement or limitation. The provider recognised the significance of this journey and ensured people received the necessary support and encouragement to embrace their authentic selves. For example, by supporting them to access specialist gender identity support, providing learning opportunities for staff and other people living in the service. Staff were aware of and ensured that peoples care records were written using the terminology, language and pronouns they chose.
- People were empowered to explore their cultural identity and heritage. For example, 1 person had been supported to explore their heritage and was keen to adopt a traditional hairstyle. Staff supported them to visit a local barber where the person chose to have braids. The person was eager to talk to us and upon

meeting immediately said; "I like my hair like this! Look at my braids and lines!" The persons pride in sharing their culture and being empowered to make choices representing their identity had boosted their confidence and self-esteem.

- The provider demonstrated a clear understanding of the importance of involving advocates to ensure the best interests of people were upheld and their rights protected. We saw evidence advocacy support was requested for complex decisions, for example, about moving into the service or where people may be deprived of their liberty.

Respecting and promoting people's privacy, dignity and independence

- Staff knew people exceptionally well and were able to anticipate their needs. A relative said, "They read [person] well and can tell their likes, they can tell when they are happy, tired, bored, whatever. They are very good at monitoring how [person] is doing and knowing what [person] likes."
- Another relative said, "Oh yes 100%, [Person] is well respected, you can tell [staff] are very fond of them and [person] is fond of the staff and others in the house. They are a lovely little family. We're just so happy, [person] has the full support of the staff there. We don't have to worry, it's like a family, It's such relief knowing they're happy."
- People were actively encouraged to choose their preferred staff member as their keyworker. One person had developed a trusting and secure relationship with their keyworker over time. As a result of this strong bond, the person felt comfortable and at ease discussing personal matters. The freedom to select their own keyworker allowed the person to establish trust and respect, enabling the person to openly express their thoughts and concerns.
- When people had previously experienced restrictions in what they were permitted to do, staff supported them to develop skills to support their personal growth. For example, staff had identified 1 person felt left out paying for items in shops and outings. Staff worked with the person to slowly build up their confidence and ability to manage small amounts of money and pay for their own things when they went out. This was a significant positive change for the person, uplifting their confidence and overall wellbeing.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were consistently in control of their care and support and this care was personalised around them.
- The provider was committed to supporting people to develop and achieve their goals. These goals covered a wide range, from promoting physical and mental wellbeing to enhancing personal safety, determining meaningful activities, and nurturing relationships. These goals were regularly reviewed to evaluate progress, celebrate achievements, and make necessary adjustments.
- One person had set goals around being more involved in social events and to establish new friendships. The providers support enabled them to attend a local music club, where they had connected with another club-goer and forged a meaningful friendship.
- Another person wanted to become more physically active to improve their health. Through collaborative efforts with another provider, the person was able to participate in adapted bike sessions, this resulted in improvements in their overall health and wellbeing having a positive impact on the person's life.
- The provider had sought out community projects people could be involved in. One person had been supported with volunteering weekly to support the homeless with meals and engagement. This gave the person meaningful occupation and allowed them to be part of the wider community.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information 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.

- Information was presented to people in the way they preferred. We saw the vast majority of paperwork used by the provider was available in an easy-to-read format. For example, initial assessment, care plans, meeting records, survey feedback and policies and procedures.
- One person was excited to show us their care plan. The care plan had been written but also adapted with pictures and symbols they had cut out of magazines themselves, so the person was able to be involved, understand and communicate their care plan. This meant people were fully involved in planning for their care and support needs.
- Each care plan had a detailed communication passport. This was used to support staff and others, to communicate and understand each person and their communication preferences. For example, by highlighting a person's preference with pictures and symbols. One person's record said, "I am not able to

understand complex sentences, so please use 3-4 words at a time. I need time to process information, please give me 30 seconds before repeating or rephrasing the question." This reduced any anxiety or distress for the person when others were communicating with them as their preferred communication style would already be known and used.

- Some people using the service lived with a sight or hearing impairments, staff received specialist 'Deaf and Blind' training. This was a mixture of theory and experiential learning. For example, by being blindfolded and supported with a meal, or wearing earphones to block out noise whilst people were communicating with them. This meant staff could develop a deeper understanding of peoples lived experience to help them better support 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

- Staff went above and beyond to support people and their loved ones to maintain their relationships.
- One relative told us their parent was unable to leave the house due to dementia and wanted to maintain contact with their children. We were told how staff made every effort to support the person to visit their parent at home, and had also arranged a digital tablet, set it up for them and showed them how to use it so they could have regular video calls and keep in touch. They told us, "Staff are very caring, they are certainly very caring towards [person], and are very supportive to me. For example, offering help to me around some issues with my mother."
- The provider empowered people to explore their interests and supported them to do the things they wished.
- One person had completed a restoration project on a number of items in their home, including tables and side units; sanding them down and repainting them. The person was very proud of their achievements, and had even sold some of the items to contribute to the comfort funds, this allowed them to purchase technology in the form of a streaming device, allowing them to watch more shows and music they wanted.

Improving care quality in response to complaints or concerns

- The provider showed a proactive approach to monitoring and reviewing incidents, accidents, and safeguarding concerns not only within the service, but across the organisation. This oversight allowed for the embedding of learning from both internal and external events.
- The registered manager proactively participated in regular meetings with other managers to discuss concerns and identify recurring themes. This approach facilitated the sharing of valuable learning and best practices between organisations.
- There had not been any formal complaints made recently, however people and relatives told us they knew how to raise any issues if needed. The provider had issued easy read format guidance to support people about how to make a complaint.

End of life care and support

- Where appropriate to do so, staff supported people to think about and express any wishes or preferences should they pass away. We saw 1 example where a person had made choices about their funeral arrangements using pictures to include flower arrangements and coffin designs, which was included in their care plan. This exceptionally person centred, and sensitive approach enabled people to be truly involved in all aspects of their lives.
- Whilst no one was receiving end of life care at the time of the inspection, end of life care was considered as part of the assessment process and staff received appropriate training. This was discussed with people at an early stage and regularly reviewed to ensure people's needs, wants and wishes were up to date.

# 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 and staff told us the registered manager and senior staff were visible and approachable. One staff member told us, "For me it's been a wonderful experience, I have been lucky to have amazing line managers, I'm very supported."
- The leadership, management and governance of the organisation was well embedded and assured the delivery of high-quality, person-centred care. The provider's values included collaboration, empowerment and respect. We found a strong commitment to partnership working across different organisations, promoting independence and equality and inclusion.
- Staff spoke very highly of the culture within the service and the wider organisation, drawing comparisons with other services they had worked within and describing it as the best.
- Staff felt valued by leaders and had access to a wellbeing service to support them in confidence. The registered manager had also developed a 'wellbeing' pack with hints and tips on keeping well, this also provided information about other organisations that could provide support. This was shared with staff at team meetings. One staff member said, "I take advantage of the employee wellness programme we have; I had some anxiety towards working and home life balance, there is someone at the end of the phone, who was there to listen and didn't judge me, this really helped me."
- The provider had a continuous improvement plan in place which outlined areas for improvements in relation to operational issues and the provider clearly set out their purpose. These were discussed at monthly managers and team meetings as a way of delivering best practice.

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

- There was a commitment to ensure people, staff and others were involved in the running of the service.
- The registered manager had recently arranged a focus group for people using the service. This gave people from different houses the chance to meet up with the management team and discuss what was working well and what they wanted to improve. Actions were agreed and taken from the meeting to be followed up. One person wanted to raise awareness of Luton Pride, an event to raise awareness of and celebrate the LGBTQ+ community. It was agreed to share flyers and information amongst the houses so people could get involved if they wished to.
- The provider was developing a diversity and cultural competence checklist to explore people's skills, knowledge and awareness in their interactions with others. They planned to develop an action plan based on the responses to identify areas of strength and opportunity for ongoing development.



- Strong links with the community meant people were an active part of their community. This included some people's involvement with charity and voluntary work.

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

- Exceptional governance continued to drive improvement through robust monitoring of all aspects of service delivery and linked to people's aspirations and goals. The registered manager monitored the implementation of people's ideas, goals and aspirations to ensure these were acted upon and improved the quality of people's lives
- Staff were motivated and proud of the service. All the staff we spoke with said they had great job satisfaction and were supported to develop their skills, giving them lead roles and empowering them to drive improvements and new initiatives.
- The organisation recognised success within the service. People and staff's achievements were celebrated. For example, the registered manager had received the 'empowering excellence' award at the 2022 Luton Excellence Awards. This recognised their commitment to supporting people to live their best lives at home and how they recognised and empowered their teams.

Continuous learning and improving care

- The provider used a robust and comprehensive system to monitor quality in the service. There were a variety of quality audits completed at regular intervals. At each quality assurance stage, feedback was gained from staff and people using the service. Where people were unable to feedback directly, the registered manager used observations and evidence from daily records to gather people's views. This all fed into a continuous service improvement plan. Changes had been introduced, including additional training for staff around MCA assessments, a review of health action plan templates to improve consistency, introduction of focus groups and changes to how people's finances were accessed to enable people greater choice particularly when purchasing online.
- Following on from staff feedback, the provider had recently introduced a senior support worker role into the services. Staff responses were very positive about this. One staff member said, "[Staff member] works alongside us so they know the issues we face and can understand some of the challenges, we really do feel listened to."

Working in partnership with others

- We saw numerous examples of innovative collaborations between the service and other agencies. For example, people wanted to visit a local event, however there were concerns that the large crowds would be unsettling for some people. Staff had contacted the event organisers and, in partnership had organised a quieter night with reduced visitors. This meant people who found large crowds difficult could attend and enjoy the event.
- Partnerships had been developed with health and social care professionals, along with community links such as a local homeless shelter, local churches and leisure centres.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident and an apology when things go wrong. The registered manager understood their responsibilities.