

Really Flexible Care Ltd

Bromham 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

About the service

Bromham House is a residential care home providing accommodation and personal care for up to four people. At the time of the inspection there were four people using the service. Each person had their own room, shared kitchen and other communal areas with a large garden area.

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.

Based on our review of is the service safe, effective, caring, responsive and well-led questions, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support

The service gave people care and support in a safe environment that was clean and suitably equipped to meet people's physical and emotional needs. Most staff complied with measures designed to reduce the risk of COVID-19 spreading within the service.

Staff supported people to actively pursue their interests, work, hobbies and pastimes inside and outside the home, and to achieve their aspirations and goals. The service worked with people to plan for when they experienced periods of distress; to minimise any restrictions and to ensure people had as much freedom, choice and control over their lives as possible.

Staff received training in the use of restraint and were confident in their ability to deploy this training if it should be needed. At the time of our inspection no person required restraint. Any restraint would be in an emergency, as a last resort, done in a safe way and for the shortest time possible.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service and its staff team 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. People were administered their medicines in a way that respected their independence and achieved positive health outcomes.

Right Care

Staff promoted people's equality and diversity, supporting and responding to their individual needs. People's care plans were detailed and an accurate reflection of the support they needed and what people could do independently.

Staff had training on how to recognise and report abuse, and had the skills to protect people from poor care and abuse, or the risk of this happening. The service worked with other agencies to do so. The service had enough appropriately skilled and safely recruited staff to meet people's needs and keep them safe.

Staff had a thorough understanding of people's individual ways of communicating and this enabled people to be listened to. 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.

Right Culture

People were supported by staff who understood best practice in relation to people's strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. Staff knew people well and responded to their needs and wishes. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

People and those important to them, including advocates, were involved in planning their care. This enabled people to be able work with staff to develop the service. Staff valued and acted upon people's views.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. Staff put people's wishes, needs and rights at the heart of everything they did.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

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

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.

Rating at last inspection

This service was registered with us on 17 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'.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bromham House on our website at 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.

Bromham 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.

good practice

Inspection team

This inspection was undertaken one inspector.

Service and service type

Bromham House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Bromham House 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 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.

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 safeguarding team and commissioners of the service. 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 the service location on 7 October 2022, and again in the evening on 11 October. We spoke with three people and three relatives. We also spoke with seven staff including the area manager, registered manager, senior support workers and support workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, incident records, compliments, quality assurance processes and various policies and procedures.

What we did after the inspection

We sought assurance about infection and prevention control practices and incidents.

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.

Infection control:

Preventing and controlling infection

- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Not all staff adhered to the guidance about not having products on their nails. Although these staff were not providing personal care, nail products can harbour infections with the risk of cross contamination of objects these staff touched. The registered manager reminded these staff of their responsibilities.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service supported visits in a safe way. Risks to people's mental health were managed in a safe way so people could visit others, or be visited, at their home. For people this meant they continued to live a life they expected free from, or with less, anxieties.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk from abuse

- People told us, or communicated, that they felt safe and Bromham House was a safe place to live.
- Staff understood their safeguarding training, applied their knowledge to keep people safe, identified, and when required, reported incidents which were acted on to prevent reoccurrences.
- The registered manager identified and reported incidents to the appropriate organisations, took any actions required, and this helped keep people safe. For example, ensuring the appropriate staffing both in, and outside of, the service. One staff member said, "I would report concerns or incidents to my line manager. I would go to the [registered] manager. If the matter was not addressed, I would contact the safeguarding authority or CQC. I would feel confident reporting issues, and these would be acted on."
- People's representatives or relatives were consistent in their praise of, and confidence in, staff in keeping people as safe as practicable.

Assessing risk, safety monitoring and management

- Risks were identified and managed well, such as preventing anxieties or distress in people, eating and drinking, infection prevention and control (IPC), allergies and the home's environment. One relative said, "My [family member] (at a previous placement) rarely used to go out and ate unhealthily, but now these risks have been removed as they do lots of exercises and have lost weight."
- Staff with appropriate training understood how to provide care and support to people to reduce the potential of unacceptable risk. This included adhering to guidance from people's health professionals, social workers and relatives.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible, because staff managed risks to minimise restrictions. The area manager told us they regularly reviewed risks for any potential trends and implemented effective changes if needed.

Staffing and recruitment

- A robust staff recruitment and development process was in place. This helped ensure there were enough suitable staff. Relatives and people were satisfied with the way staff support was provided. One person told us they always had enough staff to keep them safe.
- We observed how staff had skills matched to the people being supported. For example, staff who shared people's interests or were of a similar age. A relative told us their family member was regularly out in the community and with enough staff who kept them safe.
- Various checks had been undertaken on new staff, including Disclosure and Barring Service checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider's values-based interview process helped determine staff's suitability. In addition, other checks for staff included being fit and healthy enough to meet people's needs.
- Staff told us they had to provide evidence of previous qualifications, previous employment references, photographic identity and evidence of good character. Gaps in employment were explored. Records viewed confirmed these had been checked. One staff member told us, "We always have enough staff. We do use agency, but these are always the same consistent staff. We can get cover at short notice if needed."

Using medicines safely

- Staff administered and managed people's medicines safely following the provider's medicines administration policy. This included changes to the format of medicines from liquid to tablet or vice versa.
- People did as much as they could to administer their own medicines or be a part of the process. A relative told us the service always made sure they had enough medicines for when their family member came home.
- Audits were effective in identifying errors, such as if staff ever forgot to record administered medicines. Staff were reminded of their responsibilities. The provider had adhered to the STOMP (Stop over medicating people) principles. Staff knew the correct procedures for administering as and when required medicines.
- Staff received training and support to help ensure they were competent to safely administer medicines, including liquid medication and the application of topical skin creams. Medicines were stored and disposed of safely. Records for each person's prescribed medicines were kept up-to-date and were accurate.

Learning lessons when things go wrong

- The registered manager supported staff to learn when things went wrong. For example, any unplanned events, such as short notice staff absence, a change in people's health condition or new diagnoses. The actions taken helped reduce the risk of reoccurrences. For instance, being prescribed a new medicine.
- Staff were reminded of their responsibilities, and other actions were taken when incidents occurred. One staff member told us, "We have staff meetings and twice daily handovers. The care plans get updated so we

can all see what the changes are." We saw how actions taken, including healthy lifestyle choices and additional exercises had prevented events from happening again.

- The provider's management team used a positive approach to improve staff performance. They shared more general learning through day to day observations or individual staff supervision. A staff member showed us how they had analysed trends in people's behaviours, use of medicines, and what strategies worked well. This also meant that when things didn't work, effective actions were taken to address the issue.

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

- The registered manager ensured people's needs were assessed prior to providing their care and support. They told us, "Some people have different staff support, depending upon what the person is doing. It could be two staff in the community but only one here, or also two in the home." This meant people's needs were met by staff with appropriate skills and supported people effectively, such as work, pastimes and hobbies.
- The registered manager kept up to date with current guidance and ensured this was shared with the staff team. Guidance was implemented into people's care delivery and staff training. For example, oral healthcare in care homes, various health conditions and the format of people's food.
- Staff were supported with guidance and knowledge based on people's needs. One staff member told us, as well as doing on-line training, they also learned skills from shadowing experienced staff. This helped develop staff's skills including people with autistic support needs, and using non-physical interventions.

Staff support, training, skills and experience

- A range of support mechanisms were in place to support staff in their roles. This included new staff having an induction to the service where they worked alongside more experienced staff. Staff got to know the finer points of people's lives and this helped improve staff's confidence.
- Staff received training in areas relevant to their roles, such as autism, communication skills, positive behavioural support (PBS), medicines administration and a range of people's health conditions.
- Staff told us their support was effective including guidance from health professionals, they had regular supervisions, and had competency assessments to ensure they were effective in their roles. One staff member said they felt valued, could say what was going well, and if any additional support or changes were needed; they were always provided with a solution.
- People and relatives told us staff understood how to use their skills to good effect. One relative said their family member's life had been transformed, could do so much for themselves now, and increased their physical fitness. The relative said, "The difference has been amazing. Knowing they are now [healthy weight] means they are at much less risk from other health conditions." Our observations showed staff's knowledge in their approach to care, by meaningfully engaging with people.

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

- People were supported to eat a balanced and healthy diet whilst also having full freedom of choice around their meals. One person told us about their favourite meals. We saw how staff were involving a person in choosing ingredients for the following week's meals. The person chose mainly healthy options, and staff using effective communication skills helped promote healthy lifestyle choices.
- Plans and systems were in place to support people at an increased risk of eating or drinking unhealthily.

Staff involved people as much as practicable in preparing meals, doing on-line shopping and accessing the community to buy meals. For one person, due to the supported provided now helped prepare several of their meals and had learned new skills.

- Relatives were positive about the way that people were supported to eat healthily. A relative praised the staff team for helping their family member losing weight. This had been down to staff perseverance, consistent approach and explaining why healthy options were better for them. This had also increased people's physical fitness and wellbeing. We observed how staff supported people to eat and drink enough without rushing, always with choices and prompting where required.

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

- The provider ensured people's home environment met their individual physical and sensory needs. An ongoing programme of maintenance was in place, such as for legionella checks, electrical safety, fire detection and alarm systems.
- Signage for people was in an accessible format. Pictures and electrical items were safe, such as having shatter proof covers.
- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment. One person was proud to show us their room, its facilities and how they had personalised the room with pictures and items of their favourite interest.

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

- People were supported to attend health care appointments or be seen by health professionals, such as dentists when needed. All people and relatives we spoke with felt confident that staff knew when to request emergency or other healthcare support. One staff member told us how one person had become unwell, was supported with emergency healthcare, and now had medicines for their diagnosed health condition. This enabled people's healthcare needs to be more safely met.
- Incident records showed how staff had responded to people's anxieties or concerns about dignity and privacy. A health professional had praised staff for their support to a person who now no longer needed any support to attend healthcare appointments, enabling treatment and how much calmer this had been.
- The registered manager worked closely with various health professionals. Guidance from them had been implemented and adhered to. Staff were skilled at getting people into environments they had not previously accessed. For one person, staff would use certain words the person understood which relaxed them. This meant people received treatment they would otherwise be too anxious to have. A social worker had stated, "All in all [person] is so much more settled (due to treatment) and just seems happier."
- Staff supported people to stay healthy in areas such as, nutrition and good standards of personal hygiene. For instance, people would independently wash their bedding and clothes in a laundry and then taking the clean items to their room.

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.

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 Mental Capacity Act 2005 (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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive people of their liberty. People with an authorised DoLS were being supported in their best interests and in the least restrictive manner.
- Care plans contained detailed information about each person's specific decision making and mental capacity. Staff knew how to offer people choices in detail as well as having this in an accessible format. One staff member told us, "I always assume people have [mental] capacity. To help them choose what to eat I could show a picture of food, use sign language or point to objects. I would ask, 'Which one do you want?' I have to make decisions in their best interests if the person wants to make unwise choices."
- All staff knew how to support people to make choices without restriction. For example, a choice of hobbies, pastimes, accessing the community and what to wear based on the weather.
- People were supported to make unwise choices where this was safe. One staff member told us how one person would not hesitate to cross a busy road. Due to staff support they had never done this. Strategies were in place to help people understand risks to be free from anxiety, such as accessing the community.

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 knew people well and had developed a bond which helped people overcome emotions, impairments and health conditions by being treated equally well.
- People and relatives were positive about the care and support provided. One relative told us, "Since moving to Bromham House my [family member] has grown in confidence. They are so much more settled, and this is noticeable when they come home to see me. They tell me they have been hoovering and helping to cook meals."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One relative said, "The changes have been amazing, one big thing is anxieties have decreased. Staff have been amazing in using coping strategies and my [family member] is looking so much healthier."
- People felt valued by staff who showed genuine interest in their well-being and quality of life. We heard staff singing with people as a way of ensuring people were treated respectfully in a calm supportive way.

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

- All relatives we spoke with, praised staff for how they had enabled people to make informed choices. Staff took the time to understand people's individual communication styles and develop a rapport with them. One relative said, "Staff appear to be well tuned into [my family member]. They can tell straight away if their mood changes, but staff know exactly what to do if it does."
- People were involved in decisions about their care. We saw one person used verbal prompts and pictures to choose meal ingredients for the following week. This helped them understand their decisions better.
- Staff supported people to achieve aspirations and used strategies to enhance people's ability to take part in tasks of their choosing. People confirmed their care was being provided as agreed. Care plans were amended as need so people and staff were made aware of these as they occurred.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to live fulfilling lives, enabled them to do things at their own pace and at a time they chose to. Staff did this politely, respectfully, and gave people time in private when they wanted this.
- Staff were skilled in ensuring people's abilities increased in stages, meaning people had more good days. We saw how kind and considerate staff were in supporting people with whatever they did. One person showed us their room which had been adapted to promote their privacy and dignity.
- Staff respected people's privacy and dignity, closed curtains and doors and kept people's information confidential. We saw how staff knocked on doors and asked permission before respecting people's decisions. One staff member said, "I get the bath and people's towels and toiletries ready first and check the

water temperature. I only wash the areas the person can't do for themselves."

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

- Staff knew people's support needs well and how to respond to their preferences. For example, people's favourite pastime, community activity, or exercise whilst supporting people to live a normal life. One person thoroughly enjoyed working on a farm, learning how to care for and ride horses.
- Staff respected each person's individual communication styles and relatives were positive about the support provided. We saw how staff always included people in general conversations about interests people spoke of. We also found how staff had been matched to people's age and preferences, such as exercise, sporting interests, clothes and equality and diversity lifestyle choices.
- One staff member showed us how they used social stories for each aspect of people's lives, and how these individually created stories help people understand a situation and reduce their distress and anxieties. This meant people no longer experienced self-harm but were more relaxed and happier. One relative told us, "[The care of my family member] is going brilliantly. They now rarely become distressed and so much happier." There had been no need for restraint in over three months due to coping mechanisms staff used.
- People's care plans and communication strategies were in appropriate formats and gave staff the mechanisms needed to meet people's needs. Staff were knowledgeable about these, including people's oral healthcare and details for supporting people in the 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.

- There were embedded systems and processes in place to help ensure people were listened to. All people's care records, health action plans, emergency procedures, such as actions in the event of a fire were in an accessible format. There were other ways staff helped people access information such as using specific words people understood and the use of technology.
- Care plans provided staff with detailed guidance about each person's individual communication skills. One person was keen to tell us all about their family circle of support and we saw how staff listened to the person. One staff member told us, "[Person] likes to communicate verbally and pointing to pictures and objects and telling me about their day. I know when they use [word], this means a diet coke."
- Communication was important for people whose relatives could not easily visit the service. A relative said, "I get a phone call every day. Staff facilitate this but it is a private call from then on. I have given staff some suggested phrases and they use these to good effect."

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

- Staff were committed to encouraging people to undertake voluntary work, employment in line with their wishes and to explore new social, leisure and recreational interests.
- For example, for one person had learned cooking and baking skills and another was able to attend church when they felt the need to explore their beliefs. For another person they had been supported to go swimming, bowling and attend disco with peer groups.
- The registered manager was dedicated to ensuring each person lived a life they wanted, whilst enabling the staff team to explore all possibilities. These included, doing some exercise, driving experiences and learning to use cloud-based devices.

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. This was through people's preferred communication style but was also by staff observing people's emotions and body language. This helped prevent the risk of further concerns.
- The provider responded to complaints and adhered to their complaints policy. Apologies were offered on an individual basis if, and when, needed.
- The provider used compliments to identify what worked well. Relatives praised how well a consistent approach to boundaries, healthy eating and lifestyle choices had led to increased health benefits. A social worker had stated how impressed they were at a person having their first ever holiday, being much calmer and happier, as well as now enjoying regular swimming.

End of life care and support

- At the time of our inspection no person was in receipt of end of life care. However, the provider's end of life care policy was in line with the latest guidance, and records were in place, such as for resuscitation.
- Staff had received training in end of life care. The registered manager had sought information about end of life care, such as in an emergency if this was in people's best interests. For instance, the type of funeral.
- The registered manager ensured any religious considerations had been reviewed as well as involving relatives and advocates should any person suddenly become unwell. Staff understood when it might be necessary to involve other health professionals including specialist end of life care nurses.

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

- The registered manager was skilled in mentoring the staff team. All those we spoke with praised them highly for their approach to transforming people's lives. They understood and implemented their responsibilities under the Duty of Candour. Concerns, incidents and accidents were reviewed and reported to the CQC if needed. However, we found one allegation of abuse which had not been reported. The provider retrospectively submitted this and had previously always submitted notifications. This was an omission due to confusion in how this matter had been interpreted. The registered manager gave a full explanation and had taken all necessary actions to ensure people were safe.
- The registered manager said, "The main challenges in the past 12 months have been staff cancelling a shift first thing in the morning. This made it difficult to manage staffing. I made sure the offer of support was there and explored reasons for their absence. I always make sure people, staff and the service are safe."
- The registered manager was supported by an area manager, deputy manager, senior care staff and staff team. The area manager told us they made planned visits to the service but were available if needed at any time. This helped ensure effective oversight of the service, analysing audit information and being able to observe how staff provided care and support. Analysis of trends helped identify what had worked well.
- Staff were supported in their roles with training, supervision and being mentored by experienced staff. One staff member said, "We have a PBS lead, and any suggestions are inputted. We exchange different ideas and thoughts to help drive continuous improvement and what's worked well. This has helped people to live a much happier and calmer life."
- The management team ensured risks had been identified and action taken to mitigate or remove risks. This was achieved through a consistent and positive management style. One staff member said, "It doesn't matter how experienced I am. I feel valued by the management team and I always feel listened to."

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

- A positive and consistent theme throughout our inspection was how open the management team were to suggestions from people, people's relatives, advocates and professionals. One relative said that prior to their family member living at Bromham House, their family member's lifestyle was not safe.
- The person had in previous services not always been safeguarded. However, with positive changes to their support, being listened to and understood by staff, the person now lived a life full of more good days. One staff member told us, "We use a detailed PBS which includes information for staff about each stage of a

person's distress and recovery.

- Another staff member said, "We identify triggers, such as hot tea, shaving or leaving an activity. We also analyse incidents and why they had decreased due to the changes we have made."
- The registered manager corrected minor issues when they arose to prevent any potential escalation.

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

- All the staff and management team shared the passion to care for people well. There was a range of mechanisms which supported people and staff. These included formal meetings as well as hand over sessions. One person told us they had their views acted on and this made them feel valued. Staff had access to people's current information through a variety of sources including daily care notes.
- The registered manager ensured engagement using day to day conversations, e-mails, observations and feedback, such as compliments and quality assurance surveys. This had been of benefit to identify how best to address matters, and what action may need taking. For example, plans and availability of tradespeople were in place to build a sensory room where people would have more space of their own.
- Staff told us the management team encouraged and supported them to always put people first and foremost, and provide the best possible care. One staff member said, "[Person] can be clearer understanding songs rather than words. I make sure I use a positive tone to keeps things jolly and light. Using fist bumps rather than hugs helps prevents [their] confusion."

Continuous learning and improving care

- There were formal listening events for family and friends to share their views and discuss issues with staff and comments were actioned by the provider. We saw how people, and relatives told us they, found the management team approachable and open to suggestions to improve the quality of service provision.
- 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.
- People's requests for improvement were effectively addressed. For instance, by working with the provider and senior management to ensure people had the items they wanted, such as a trampoline.
- One relative was pleased about the way concerns were acted on. This positive sentiment was shared by all those we spoke with.
- People's care was enhanced by staff known as key workers. The key worker acts as a focal point for people and their relatives and this helped ensure there was no limit on people's potential.

Working in partnership with others

- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- The registered manager told us the involvement of health professionals, social workers and relatives had enabled people to attend health appointments. This was a first for the person without the need for the local intensive support team. One relative said how pleased they were at knowing they could fully trust staff and go on holiday, knowing their family member was in safe hands.
- The involvement of these professionals and joined up working with the manager meant people lived a better life. This had also led to people having less medicines, more social interests, less anxiety, and regular exercise.