

# Achieve Together Limited

# Bales Court

## 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

Bales Court is a supported living service which provides support to people in their own home. The service can accommodate up to eight people and was fully occupied at the time of our inspection.

The people who lived at the service at the time of our inspection were aged between 60 and 88 years old and all received personal care. This is help with tasks related to personal hygiene and eating. Some people also had complex needs related to their age, health, mobility and learning disability.

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.

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

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

#### Right support:

Staff had the training and information they needed to provide people's care in a safe way.

Staff managed risks well to keep people safe.

Staff managed people's medicines safely and supported people to access healthcare services when they needed them.

The registered manager and staff were proactive in seeking way to improve people's well-being and quality of life.

Staff supported people to identify their goals and aspirations and to live meaningful lives.

#### Right care:

Staffing levels were calculated based on people's needs and people had access to staff when they needed them.

Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity.

People had opportunities to take part in activities they enjoyed and to access their local community.

#### Right culture:

The registered manager had created a culture in which staff valued people's individuality and protected their rights.

Staff felt valued for the work they did and had opportunities to develop their skills and experience.

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.

Quality monitoring systems were effective in keeping people safe and ensuring they received good quality care.

The registered manager and staff had established effective relationships with other professionals involved in people's care.

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

The last rating for the service under the previous registered provider was Good, published on 9 August 2019.

#### Why we inspected

This was a planned inspection based on the date of the service's registration under the current registered provider .

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Bales Court

## 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 2014.

#### Inspection team

One inspector and an Expert by Experience carried out the inspection. 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

This service provides care and support to people living in a 'supported living' setting, 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.

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 a short notice period of the inspection because we wanted to be sure people would be at home to speak with us.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant incidents. We sought feedback from professionals who had worked with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and five members of staff. People who lived at the service were not able to tell us directly about the care and support they received. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We checked two people's care records, including their risk assessments and support plans, and the arrangements for managing medicines.

#### After the inspection

We spoke with six relatives, a friend and an advocate to hear their feedback about the care people received at the service. We received feedback from three health and social care professionals involved in people's care.

We reviewed supporting information sent to us by the registered manager, including recruitment records for two staff, training records, incident analyses, audits, minutes of staff meetings and the results of satisfaction surveys completed by relatives.

# 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 under the current registered provider. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Assessments had been carried out to identify and mitigate any risks to people. For example, risks had been assessed in areas including falls, choking, medicines and accessing the community. Where risks were identified, management plans had been developed to minimise these. Staff were aware of measures to reduce risks and implemented these to keep people safe.
- Professionals told us staff followed any training and guidance they provided to keep people safe. One professional said, "I worked with two clients specifically around moving and handling. [Registered manager] made sure there was consistency among staff in using the equipment safely." Another professional told us, "[Staff] were very receptive to the training [on using the equipment.] They really did take everything on board and make sure they got everything right."
- Any accidents or incidents that occurred were reviewed to identify actions to reduce the likelihood of them happening again. Any learning from incidents was shared among the staff team. For example, in April 2021 one person had a fall when entering the lift. The registered manager spoke with the lift company about ensuing level access to the lift, the person's risk assessment was reviewed and learning was discussed at a staff meeting.
- The provider had developed a business contingency plan to ensure people would continue to receive their care in the event of an emergency.

Staffing and recruitment

- There were enough staff on each shift to keep people safe and meet their needs. People received the one-to-one support hours that were commissioned as part of their package of care.
- There were vacancies on the permanent staff team, to which the provider was actively recruiting. These vacancies had not affected the quality or consistency of care people received. To ensure people received safe and consistent care, the registered manager asked an agency to assign staff to work solely at the service. The registered manager told us "They are part of the core team now. They are reliable."
- Staff told us permanent and agency staff worked well together to provide people's care. They said the registered manager had made efforts to ensure all staff were recognised as equal members of the team. One member of agency staff told us, "It is a very good working environment. [Registered manager] harmonises everybody. There is no difference between permanent and agency [staff]." Another member of agency staff said, "Agency and permanent [staff] are treated the same; we work together."
- The provider operated safe recruitment procedures and made pre-employment checks before appointing staff, which included obtaining a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. Staff attended training in safeguarding and understood how to report any concerns they had. They were confident any concerns they raised would be listened to and acted upon. One member of staff told us, "If I saw anything like that, I would report it. I would talk to the shift leader or the manager, or I could go to the Council."
- If potential safeguarding incidents occurred, these had been reported to appropriate agencies, including the local authority and CQC. For example, in July 2021, staff observed an unexplained bruise on a person's forehead. The local authority and CQC were informed about the incident and an investigation carried out to establish how the bruise had been sustained.

#### Using medicines safely

- People's medicines were managed safely. Staff received medicines training and their competency was assessed regularly.
- People's needs in relation to medicines were assessed, including whether they had the ability to manage their own medicines. If people did not have the ability to manage their own medicines, the support they required with medicines was recorded.
- Staff had received training in STOMP (stopping over medication of people with a learning disability and/or autism) and applied its principles in their work. For example, one person's prescribed antipsychotic medicines had been reduced by 50%.
- Each person had a medicines profile which contained information about the medicines people took, their purpose, any potential side effects and people's preferences about how they took their medicines. Medicines profiles also contained information about any homely remedies people took and protocols for the use of any medicines prescribed 'as and when required' (PRN).
- There were appropriate arrangements for the ordering, storage and disposal of medicines. Medicines were audited each month and were checked as part of the provider's quality monitoring systems. These indicated that medicines were managed and administered safely. The medicines administration records we checked were complete and up to date. Body maps were used to record any topical medicines (creams) administered.

#### Preventing and controlling infection

- The service was clean and hygienic. Cleaning checklists were included on the daily shift planner and checked for completion. Standards of infection prevention and control (IPC) were audited each month.
- Staff took part in regular testing for COVID-19 and wore appropriate personal protective equipment (PPE). Professional visitors to the service were required to provide evidence of a negative lateral flow test and their vaccination status, to complete COVID-19 screening and to wear PPE. A professional told us that when they visited the service, "[Staff] were clear on following COVID guidelines. They made sure I had a negative test before going in and they had a COVID checklist."
- People's care plans recorded the support they needed specifically in relation to COVID-19. For example, the support they needed to understand and follow COVID-19 guidance, to maintain good cleanliness and hand hygiene, to maintain contact with their family and maintain their mental wellbeing during social restrictions.



# 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 under the current registered provider. 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 had been assessed before they moved in to ensure the service was suitable for their needs. A professional involved in the care of a person who had recently moved to the service told us the assessment and transition process was managed well. The professional said, "They were very proactive. They sent several staff to spend time with [person] at [previous placement] and they arranged visits to Bales Court. They did a really thorough assessment and got a very good understanding of his needs. They managed the transition very well."
- People's needs were assessed regularly to take account of any changes and ensure their support reflected their needs and preferences.
- People's support plans were personalised, holistic and reflected their strengths as well as their needs. Support plans also recorded people's goals and aspirations and plans for how these could be achieved.

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

- Staff monitored people's health effectively and had developed a health action plan for each person, which outlined their needs in relation to healthcare. People were supported to maintain good health and wellbeing through regular checks with professionals including a dentist, optician and chiropodist.
- Staff communicated with healthcare professionals when necessary to ensure people had access to the care and treatment they needed. One professional told us, "The service makes referrals to our team appropriately. Staff are motivated to follow up where they could improve things for people." Another professional said, "[Registered manager] is very good. She will always contact our team if they have concerns."
- Some people had healthcare conditions which required input from specialist healthcare professionals. The service ensured these conditions were managed to achieve the best possible outcomes for people. For example, the service liaised with a specialist clinic at a London hospital to ensure one person's healthcare condition was managed well. This involved the service sending blood samples to the clinic once a fortnight and taking the person to the clinic periodically for a face-to-face review.
- A professional involved in the person's care told us the registered manager ensured staff had the right skills to support the person with their healthcare condition before they moved in. the professional said, "The manager did a lot of proactive work about [person's healthcare condition]. She liaised with the clinic at [hospital] and made sure staff had the right training."

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

- People were encouraged to make choices about what they ate and were involved in food shopping if they

wished. We saw photographs of staff showing people pictures of different foods to support them in making choices.

- All but one of the people living at the service needed a texture-modified diet and thickened fluids. People's needs had been assessed by a speech and language therapist (SaLT) and individual eating and drinking guidelines put in place, which were followed by staff. We observed that people who needed support to eat and drink received this from staff appropriately.
- Staff supported people to maintain good nutrition and a diet suitable for their needs. For example, one person was malnourished when they moved to the service as their dietary needs had not been well-managed. The person was limited in what they could eat due to a healthcare condition and had not previously been supported to maintain a suitable diet. Staff had ordered foods the person was able to eat and the person had put on weight since they moved into the service, which had improved their nutritional health and general wellbeing.

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

The Mental Capacity Act 2002 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care was provided in line with the MCA. Assessments had been carried out to identify whether people had the capacity to make decisions about their care and treatment. If people lacked the capacity to make informed decisions, staff ensured they had access to appropriate support when decisions that affected them were made. For example, two people had been supported by independent mental capacity advocates (IMCAs) when best interests decisions were being considered about where they should live.
- Staff attended training in the MCA and understood how its principles applied in their work. Staff told us they sought people's consent before providing their care and our observations confirmed this. People's support plans reminded staff they should always assume people had the capacity to make decisions unless an assessment demonstrated otherwise and that the least restrictive option should always be used to keep people safe.
- Restrictive practices were reviewed with an aim of reducing them where possible. For example, when the registered manager took up their post, staff routinely carried out checks on people every two hours throughout the night. The registered manager reviewed whether this was necessary for each person and, as a result, night checks were carried out only when people needed them due to their individual needs.
- Applications for DoLS authorisations had been submitted to the supervisory authority where people were subject to restrictions to keep them safe, such as not being able to leave the service unaccompanied and constant supervision by staff.

Staff support: induction, training, skills and experience

- Staff had access to the training and support they needed to carry out their roles. This included training in areas relevant to people's needs, such as learning disabilities, autism and mental health.
- Staff had an induction when they started work, which included shadowing colleagues to understand how people's care should be provided. Agency staff also had an induction, which ensured they were familiar with the needs and preferences of people living at the home.
- Staff, including agency staff, met regularly with the registered manager for one-to-one supervision. This provided opportunities to discuss training, professional development and any changes to the support people required. The registered manager told us, "I use staff supervision as a tool to cover a specific person's areas of responsibility and go through what this entails and answer any queries. This also includes regular agency staff so they all feel part of the team."
- Staff told us the supervision process was useful and supportive. They said they had opportunities to discuss their roles and training needs. One member of staff told us, "[Registered manager] asks how you are, how you are getting on, whether we need any training."

# 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 under the current registered provider. 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 showed a genuine interest in people's well-being and quality of life. They treated people as equals and created a warm and inclusive atmosphere. One member of staff told us, "You get very attached to the people [who live at the service]. They become like your family." Another member of staff said, "We make them feel like we are together. There is no difference between them and us. We do things together."
- Professionals told us they had observed staff to be kind and caring towards the people they supported. One professional said of staff, "I found them to be excellent. What really came across was that they were incredibly caring towards the clients." Another professional told us that, when they visited, they had noted, "The staff were very attentive to the residents."
- Relatives told us the atmosphere at the service was homely. One relative described the atmosphere as, "Welcoming." Another relative said, "There is always someone cooking in the kitchen, like there's a mum at home." Professionals echoed this view. One professional told us, "I thought it was a lovely place to be. It was homely. It was like a family."
- There was a relaxed atmosphere in the service during our inspection. People appeared comfortable in the presence of staff. We observed that staff engaged with people in a sociable yet professional manner. They spent time talking to people and were always friendly and engaging when they did so. The language staff used was polite and respectful. Staff used positive touch when appropriate to comfort and reassure people. For example, a member of staff placed an arm around a person's shoulder and reassured them when the person became distressed.
- Staff had supported some people to re-establish contact with relatives with whom they had lost touch, which had resulted in positive outcomes for people's quality of life. For example, one person now had regular contact with a relative they had not seen for around 20 years.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be involved in planning their care as much as they were able. Each person had a keyworker with whom they met regularly to set and review their goals and to plan how they spent their time.
- People's support plans recorded any needs people had in relation to their religion or spirituality, including which religious festivals they celebrated and any support they needed to purchase gifts to exchange at these times. Support plans also recorded any needs people had regarding in relation to their sexuality and gender identity.
- Staff maintained people's dignity in their interactions with them and when they provided their care. Staff also respected people's privacy and their right to spend time alone if they wished.

- Professionals told us staff supported people to maintain their independence where possible. We observed during our inspection that staff encouraged people to do things for themselves where they could. For example, one person took off the apron they had used to protect their clothes while they ate. A member of staff asked the person if they could take the apron back to the kitchen. The person finished their drink and the member of staff asked if they could take their cup to the sink.
- People's support plans recorded their 'Daily living and independence skills' and their 'Independence aims', which the plans stated were, 'Independence skills that have the potential to be developed and the support required to get there.'

# 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 under the current registered provider. 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

- Relatives and professionals told us staff knew people's needs well and provided care in a personalised way. One relative said, "The staff have got to know [family member] well and are able to anticipate her needs." A professional told us, "I was really impressed with the carers when I visited. They were very knowledgeable about the clients they supported."
- People's care and support was planned to meet their individual needs and preferences. Personalised support plans had been developed for each person which recorded their needs, likes and dislikes, goals and aspirations. These were reviewed every six months, or sooner if necessary, to ensure they continued to reflect people's needs and wishes.
- We observed that people received personalised care and support. People were able to choose how they spent their time and staff supported this. For example, some people listened to music, which their care plans identified as something they enjoyed doing. Another person enjoyed watching sport and staff supported them to watch a football game on an iPad.
- Staff were committed to supporting people in a way that focused on their quality of life outcomes. They spent time with people understanding how their goals and wishes could be achieved. A professional who had recently carried out a review for a person who had recently moved to the service told us, "[Person] has really taken to living there. He looked so much healthier and so much happier. He is doing so much more now. He is getting involved socially and he has got access to the local community. There have been vast improvements to his quality of life."
- Each person had an individual plan which recorded the activities they took part in each week. Staff knew the activities people liked to take part in and told us about recent and planned trips. One member of staff said, "[Person] loves his sport. He has been to the football recently. He loved it so we will take him back. [Another person] loves planes. We are planning to take him to Redhill aerodrome. The others like to go out to lunch." Staff showed us photographs of people having coffee and cake in local cafes, attending a sporting event and shopping with staff in the nearby high street. In addition to activities outside the service, visiting activities providers included a magician, a musician, singers and an aromatherapist.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most of the people living at the service did not use speech as a method of communication. Relatives told us their family members expressed their needs and feelings in a variety of ways, such as sounds, hand and

facial gestures. Relatives said staff had developed an understanding of their family members' individual communication methods, which enabled them to respond to people's needs and wishes.

- Each person had a communication support plan which recorded their receptive and expressive communication skills and any Alternative and Augmentative Communication (AAC) systems they used. Staff had begun teaching people Makaton signs to improve their ability to communicate and make their needs and wishes known. Staff had also developed a sensory profile for each person which outlined any needs they had in relation to their environment and senses of touch, taste, sound, sight and smell.

Improving care quality in response to complaints or concerns

- Information about how to complain was provided in ways people could understand. This included making the provider's complaints procedure available in an easy read format. No complaints had been made about the service in the last 12 months.

End of life care and support

- No one at the service was receiving end of life care, although people had been given opportunities to express their preferences about the care they would like to receive towards the end of their lives. The registered manager told us staff had consulted people's families and advocates about their end of life care preferences and had also involved staff who had worked at the service for many years and knew people's needs well.

- The service had access to end of life care training for staff and the registered manager said support was available from specialist healthcare professionals if necessary.

# 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 under the current registered provider. 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

- The registered manager was visible in the service, approachable and took a genuine interest in what people, relatives, staff and other professionals had to say.
- Relatives told us the service was well-managed and said the registered manager and staff communicated well with them. Relatives told us they were kept up to date about their family members' health and well-being.
- The provider had distributed a satisfaction survey to relatives in September 2021 and collated the results. The results of the survey confirmed relatives felt involved in decisions about their family members' care and that their views were listened to. Relatives also confirmed their family members' needs were met and that they would feel comfortable approaching the registered manager or staff if they had concerns.
- Staff felt respected and valued by the registered manager which supported a positive and inclusive culture. One member of staff told us, "It is a nice place to work. The reason I love it is the acceptance. The manager and staff have a great understanding." Another member of staff said, "[Registered manager] is very open. She supports us all. She will listen to us if we are not happy."
- Staff were offered opportunities to develop their skills and achieve further qualifications, supported by the registered manager and the provider's training and development department. One member of staff was currently working towards a level 5 Leadership and Management in Health and Social Care qualification.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear oversight of the services they managed.
- Staff understood the provider's values and demonstrated them in their work. The registered manager told us, "We talk about [the provider's values] in team meetings. The most important part is the individuality part of it; treating people as individuals."
- Governance processes were effective and helped keep people safe, protect their rights and ensure good quality care and support. Key areas of the service, such as medicines management and IPC, were audited regularly.
- Staff 'champions' had been appointed in areas including medicines, IPC, nutrition and oral care. The registered manager said of this initiative, "It is a means of recognising staff and their specific abilities, whilst also giving them a small area of responsibility and the outcome being there is a process for monitoring all areas within Bales Court."



How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.
- The registered manager had reported notifiable incidents to relevant agencies, including the local authority and CQC, when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were given information and encouraged to give their views about how the service was run at house meetings supported by staff. The minutes of the most recent meeting showed that people had been given information about safeguarding and that staff had supported discussions about the menu, activities and people's goals and aspirations.
- Team meetings took place regularly and were used to share learning from incidents and ensure people received consistent care that met their needs. One member of staff told us, "[Registered manager] reminds us of our duties, that we should not forget to read the plans, and how to support [people]." Another member of staff said, "We talk about where we are doing well and anything we need to improve."
- Staff told us the registered manager encouraged their participation in the development of the service and was responsive to their contributions. One member of staff said, "When we have meetings here, everyone can make suggestions. [Registered manager] says, 'I want to improve this, how can we do it?' She makes you feel you are part of the home." Another member of staff told us, "[Registered manager] is proactive about improving things. Anything we suggest, she is willing to put it into place."

Working in partnership with others

- The registered manager and staff had established effective working relationships with other professionals involved in people's care. This included commissioners and healthcare professionals, whose input was obtained when required to ensure people received the support they needed.
- Professionals provided positive feedback about the leadership the registered manager provided. One professional told us, "[Registered manager] is really on the ball. She is very knowledgeable and very aware of what is going on in the home." Another professional said, "Whenever I have needed information, [registered manager] has always been good at getting back to me."