

Hopscotch Solutions Limited

Options Hazel House

Inspection report

165 Manthorpe Road
Grantham
NG31 8DH

Tel: 01476565778

Date of inspection visit:
14 April 2022
21 April 2022

Date of publication:
11 July 2022

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

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

About the service

Options Hazel House is a residential care home specialising in autism care and was providing personal care to three people at the time of the inspection. The service can support up to four people.

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

Right Support

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Staff supported people with their medicines in a way which achieved best possible health outcomes. Staff did everything they could to avoid restraining people, following tailored positive behaviour support plans. The service recorded when this happened, but this was rare as it was often avoided.

The service supported people to have the maximum possible choice, control and independence. The service encouraged people to be involved fully in discussions about their support and plans, holding a weekly meeting for people to decide on activities and meals. People were supported by staff to pursue their interests and to achieve their aspirations and goals. For example, one person was supported to pursue horse riding, something they had shown an interest in. People's rooms were personalised, and they were able to make choices about their living environment.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff had training on how recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Some staff required more specialised training on learning disabilities and autism, but the service had booked this in for them.

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

People received care that focused on their quality of life and followed best practice, with input from a range

of healthcare professionals. Staff, relatives and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. One person was supported and encouraged to make their own cups of tea independently.

Right culture

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

The service had worked to improve staff morale to decrease staff turnover, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did.

People and those important to them, were involved in planning their care. The service evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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.

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

Rating at last inspection

This service was registered with us on 21 January 2021 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.

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?

Outstanding ☆

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.

Options Hazel House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

Two inspectors carried out this inspection.

Service and service type

Options Hazel House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Options Hazel 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 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 not a registered manager in post. There was a manager who had applied to become registered with the Care Quality Commission and this application was ongoing at the time of the inspection.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service was small and people

are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with three people who used the service and two relatives about their experience of the care provided. People who used the service who were unable to talk with us but used different ways of communicating including using Makaton, pictures, photos, symbols, objects and their body language.

We spoke with five members of staff including the manager, the deputy manager, the team leader and two care staff.

We spent time observing people around the service throughout the inspection. We did not use 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 decided the SOFI was not appropriate due to people not remaining in one area of the service for prolonged periods of time which would have made data collection difficult.

We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them. The service worked well with other agencies to do so. One relative told us, "The service is very conscious of their safety."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff understood the importance of reporting accidents and incidents and knew how to do this.
- People were supported to raise concerns if they had any. The service had a "make a complaint" card on the wall of the corridor, which people could take to the manager if they were not happy about something. This gave people an alternative method to raise any potential signs of abuse.
- People received safe care because staff learned from safety alerts and incidents. The service had recorded evidence of a person displaying behaviour that challenged during a walk with staff. The walk had started but was then delayed due to a staff member forgetting their coat, which disrupted the person's outing. Learning from this incident was shared with all staff to ensure they had all their belongings before leaving the service with people and improve care outcomes.

Assessing risk, safety monitoring and management

- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely on an online system.
- The service helped keep people safe through formal and informal sharing of information about risks. The service used a range of communication techniques including verbal and visual signs to help people understand risks.
- People had positive behaviour support (PBS) plans to ensure staff considered the least restrictive options before limiting people's freedom. PBS plans highlighted triggers and signs of escalated behaviours while also outlining interventions staff should take. There was clear advice for staff on how to offer people support following incidents.
- All restrictions of people's freedom were documented, monitored and were reviewed by the service and the provider. However, the service minimised restrictions through staff recognising signs of when people experienced emotional distress and knowing how to best support them. Where staff were trained in the use of restrictive interventions, the training was certified as complying with the Restraint Reduction Network Training standards.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part internal and external activities how and when they wanted.

- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff considered people's individual needs, wishes and goals.
- Appropriate DBS checks and other recruitment checks were carried out as standard practice. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The management team had arranged a "four days on, four days off" shift pattern for staff, as this promoted continuity in support for people and improved staff wellbeing.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- Staff made sure people received information about medicines in a way they could understand. For example, people were shown their medicines before they took them, so they knew what was being administered.
- Protocols were in place which outlined behaviours for staff to look out for to show if they were in pain or discomfort.
- The manager told us they understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). We saw evidence that people's medicines were reviewed regularly by prescribers in line with these principles.

Preventing and controlling infection

- Some relatives told us, recently, not all staff and visitors were wearing face masks at the service. We discussed this with the manager, who told us a senior member of staff had informed them of this while the manager was on leave and it was due to some staff misinterpreting new national guidelines. The manager took immediate action to ensure both staff and visitors were up to date with current guidance and they continued to wear masks at all time in the service to protect people from the risk of infection.
- Staff had completed training in infection prevention. Staff were observed to be wearing PPE correctly at the service and understood processes to remove and replace PPE.
- Effective infection, prevention and control measures were used to keep people safe and staff supported people to follow them. For example, staff completed routine COVID-19 testing in line with government guidelines. People were also supported to understand that staff were required to wear face masks.
- The provider had an up to date infection prevention and control policy in place to help keep people safe.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Visiting in care homes

- The provider's approach to visiting was in line with government guidance. Relatives told us they were able to visit the service when they wanted to.

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 provider completed a comprehensive assessment of each person's physical and mental health on admission to the service. The manager told us any potential admissions were also assessed against the needs of people already living at the service. This ensured a positive transition and lessened the negative impact on both the person and other people.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations. People, those important to them and staff reviewed plans regularly. One relative told us staff always contacted them if there were any changes to a care plan.
- Staff recognised that when people became distressed they were communicating something. They monitored people's presentation and kept records of this to find potential trends to inform future care and support.

Staff support: induction, training, skills and experience

- Not all staff had completed specific training on autism and learning disabilities. The management team told us this was due to some staff at the service being relatively new and classroom training was booked for this.
- Staff completed mandatory training, such as safeguarding, as well as shadowing (spending time observing an experienced member of staff supporting people) as part of their induction. Staff told us this gave them enough time to get to know people they were to be supporting and read their care plans.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. The manager told us that newly inducted staff received supervisions every two weeks. This ensured their practice was reflected upon and they could discuss their development.
- The provider was focused on staff development and supported people to complete the care certificate or other care related qualifications. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People received support to eat and drink enough to maintain a balanced diet. One relative told us, "There is always lots of fresh fruit and vegetables available, they get a good mix."
- People were involved in choosing their food, shopping, and planning their meals. The service had a weekly meeting with people so staff could support them to choose their meals for the week.
- People could have a drink or snack at any time and mealtimes were flexible. Cupboards were labelled with pictures of what food items were inside so people could make choices about what they wanted to eat with

the support of staff. We observed people making choices of the snacks they wanted.

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

- The interior and decoration of the service was adapted in line with good practice to meet people's sensory needs. We saw several sensory areas around the service to engage people.
- People's rooms reflected their individual interests and were decorated with things they liked.
- There were visual aids throughout the home to help people move around and use the home easily. For example, we saw the toilets had a simple and clear green vacant and red in use sign to show if the toilet was free or not.

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

- People had health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services.
- Staff used social stories (short descriptions of a specific situation, event or activity, which include specific information about what to expect in that situation and why) to support people to access healthcare services. The management team had acquired photos of the healthcare staff and the premises from the local GP surgery to use in the social stories before people from the service visited. The manager told us this helped people to understand where they were going and reduced anxiety about a potential stressful situation.
- Staff and the management team sought and used input from several different healthcare professionals to ensure people were given the best care and support possible. All professional input was recorded within people's support plans.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The service worked within the principles of the MCA. Staff and management demonstrated a good understanding of the MCA and its importance when supporting people. Staff told us how they used communication aids, such as objects, to support people to make decisions about their care.
- There were a range of mental capacity assessments and best interest decisions in place for people but did not have this in place for photo sharing with relatives. We discussed this with the management team and they acted upon this immediately.
- People at the service were awaiting a renewal of their DoLS which had been applied for by the service, in line with MCA procedures.

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 outstanding: This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff championed open communication with people and their families. Relatives told us of their satisfaction with the flow of information they received from the service. Staff kept people in touch with those closest to them with a specialised social media app which shared real-time photos of people and the activities they took part in. One relative also said, "They do an outstanding job. I trust them implicitly and they are completely open with me. When I'm not there I don't have to worry about them. When I visit and come home, I always come away with a smile on my face."
- The staff team found inventive ways to reflect people's personal histories and cultural backgrounds. For example, the staff team arranged a specific evening which included food celebrating one person's cultural background. The manager also told us they had identified a culturally appropriate barber for one person to attend with support from a relative. The barber was made aware of the person's needs and the staff team was prepared to support with as many visits as needed to make them feel comfortable enough to accept support with their hair. Tailored social stories were used to allow the person to choose their preferred hairstyle. The staff team went above and beyond to ensure people had access to culturally appropriate support.
- Staff offered support that was empowering and less intrusive, to respect and ensure people's independence in meeting their own needs. This included supporting people to use their own skills and strategies for coping successfully and positive with situations they may find difficult. One staff member said, "They regulate themselves really well when they go to the garden. Staff will verbally redirect them if they have not gone there. When they start to get anxious, things are clouded, they may not know how to help themselves. It helps them to get out of the situation quicker. Nine times out of ten it will do this. If that does not work staff direct to the bedroom, a private space, a safe space."
- The staff team anticipated people's needs and went out of their way to reduce any distress. The manager told us when one young person was moving into the service, prior to their arrival that day, the team made special arrangements for the person's personal belongings to be transferred to their new bedroom in the exact layout as at their previous placement. Possessions not being in their correct positions was known to be a potential trigger of anxiety for this person. This had an instant positive impact and allowed the person to become settled within around an hour of being in their new home.
- There was a strong, visible, person centred culture, led by the management team, which placed people at the heart of the service. Staff received a high level of support from the management team and provider and were able to take ownership of their role to provide people with the best possible support. One staff member said, "The manager speaks to everyone he approaches. They give off an energy of, it doesn't matter

what I'm doing, if you need me, I can help." A relative also told us, "The manager and the deputy manager have worked together for a long time. They come with an ethos and a mindset which is absolutely brilliant and very supportive of staff and residents. It creates really good morale."

- The high level of caring support given by staff led to positive outcomes for people. Speaking of a person at the service, one relative said, "They have a lovely life. Their quality of life is really good." Another relative said, "Staff know what [name of their relative] likes, staff gave them a lot of activities to do when they were off on holiday. Staff do a lot of things for their wellbeing." One person who had moved to the service had always received 2:1 support in their previous placements due to the frequency of their behaviour that challenged. However, the tailored support the person now accessed had improved their wellbeing to the point they only required a less restrictive 1:1 support, increasing their independence.
- An equality and human rights approach to supporting people's privacy and dignity was embedded at the service. There was a comprehensive understanding of the specific needs of people at the service who had transitioned from services for young people. The management team and staff sensitively recognised the sexual needs of people and proactively supported them to maintain privacy when needed. Staff were observed to recognise when people needed some private time alone and directed them to private areas of the service at these times.

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

- Staff went above and beyond to support people to express their views. People were actively supported to make decisions and choice was given in a way people could understand. Staff used a variety of methods and tools to support people to express themselves, including verbal and visual prompts, picture symbols and a tablet with a communication programme installed. We saw evidence of staff supporting one person to go to the shop to choose a birthday gift for their relative. One relative also told us, "Staff are very good at interpreting them when they request something. It isn't easy and they do manage it." We saw this in-depth understanding of how people communicated reduce people's anxiety and frustration.
- Staff gave people the support they needed and wanted and were particularly skilled in reducing any tensions involved. Staff told us about a person they had supported to go to a theme park for the first time. Staff took time and effort to plan and deliver this activity, where the person just getting to the front gate and leaving would have been a real successful outcome due to their potential distress. Instead, staff were able to not only support the person to queue, enter the park and stay at the park, but also to go on their first ever ride. Staff told us this was beyond their wildest expectations and the person had achieved their target, 'times ten'. The staff team worked hard for people to overcome barriers and achieve exceptional outcomes.
- Staff actively encouraged people to develop their communication which aided their future decision making. People were taught a hand 'sign of the week' which was relevant to their care and support. For example, we saw the sign of the week had been 'stop', this could be used to inform staff of decisions and allow more personalised support. Some people could use this sign to make decisions, such as when they did not want to do something, aiding staff understanding of people's decisions.
- People were empowered to make decisions about their care and support. Staff held weekly meetings with people where they were supported to plan their own activities and meals for the week. These meetings gave people choice using a range of photos to aid understanding. We also saw personalised daily and weekly plans on a display board for each person, which had been tailored to each person's understanding following input from a healthcare professional.
- The manager understood the need for people to have access to advocacy when it was needed. The manager told us people at the service had not required external advocacy support up to this point. There was advocacy information clearly displayed at the service for staff and people.

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

- People and their relatives were involved in developing their care and support. The manager told us that people's care plans were constantly under review and were updated when there were any changes in need or there was input from relatives and healthcare professionals.
- Care and support plans included a range of personalised information about people, their history and personal interests. Goals had been developed with people and their relatives, and staff told us these were regularly reviewed.
- Staff told us they supported people to be as independent as possible and gave them choice in their care. Talking about the values of the service, one staff member said, "(It is) supporting them to have a happy life. Getting them involved in decisions that surround their care."
- People were supported to do a range of activities they liked and were encouraged to explore new activities if they wanted to. Staff and the management team gave us examples of specific activities tailored to each person. One person was supported to pursue horse riding, something they had indicated they were interested in and had not had an opportunity to do previously.
- Staff utilised a social media platform to send photos and activity updates for relatives to view and comment on in real time. This helped to maintain ongoing social relationships for people. One relative said, "I think (the social media platform) is really good, it's nice to have regular pictures."

Meeting people's communication needs

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

- The manager was aware of the accessible information standard and told us how the staff team followed it. Staff supplied easy ready information for people as well as symbols, pictures objects and storyboards to help communicate things.
- People had robust communication plans in place for staff to follow which had been developed since people started using the service. People had a range of professional input around communication in their support plans.
- Staff demonstrated a strong understanding of people's communication needs and were responsive to people without having to review care plans. Staff were able to interpret what people meant when they verbalised or gestured.

Improving care quality in response to complaints or concerns

- People were supported to raise concerns in different ways, as they were not always able to verbalise them. People were encouraged to use a "I need to complain" card which they could take to the office so the management team could then investigate. There was also clear information displayed on how to raise concerns at the service.
- The provider had not received any official complaints. Relatives told us if they needed to complain they felt their concerns would be taken seriously and dealt with.

End of life care and support

- The provider supported younger people and had not encountered end of life care. People did not have end of life care plans or wishes recorded. We discussed this with the manager and provider, and they understood the importance of this being recorded. They immediately began to take steps to address this.
- People had hospital care plans in place and the service was developing these to show the person's and relatives' wishes around end of life care for healthcare professionals. People's religious beliefs were also recorded.
- There was an end of life policy in place to support people with that stage of their lives.

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; 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

- Staff and relatives told us the management team had a strong positive impact on the culture of the service, which promoted people's individuality and allowed people to develop and flourish. One relative said, "Staff are all very supportive of each other and people. Almost like a second family. They go the extra mile every day."
- The provider had a clear person-centred approach throughout its staff and management team. Speaking about the key achievements of the service, the manager said, "Creating an environment for people to blossom. Making them feel comfortable and at home."
- The manager led by example in their interactions with people. We frequently observed the manager interacting positively with people and they demonstrated a clear knowledge of their needs. People were observed to be happy and reactive when the manager approached them.
- Staff told us they felt respected and valued and could raise ideas or concerns with the manager or provider. One staff member, in speaking about the provider, told us, "If you give an idea, they listen and action it."
- The provider had an open and honest approach when things went wrong. Relatives were positive about how open the staff team was. The manager also told us about incidents where relatives were informed immediately.

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

- As mentioned in the effective section of this report, not all staff had received specific training around learning disabilities and autism. The manager had identified and addressed this issue by booking classroom training for staff to ensure specialised care and knowledge for people.
- There were clear and effective governance and accountability arrangements. The provider was observed to work closely with the manager, with regular visits to the service. This held staff and management to account, kept people safe, protected people's rights and provided good quality care and support.
- Staff were observed to deliver consistent good quality care and support for people, tailored to their needs. Staff told us about people's likes and dislikes, and support needs, without referring to care plans which ensured effective outcomes for people.
- The staff team shared the manager's visions and values of the service, which were promoting people's independence and allowing them to flourish. One staff member said, "We support people to be as

independent as possible. Supporting them to have a quality of life they should have."

- The manager understood their regulatory requirements and had submitted any notifiable incidents to relevant agencies, such as the local authority safeguarding team and CQC.

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

- Staff supported people to be part of their own care planning. Choice was communicated to people in a way they could understand, so they could make their own decisions.
- The manager encouraged staff to have open discussions and positively challenge each other, while sharing the best practice for supporting people. Staff told us they felt comfortable approaching the manager.
- The staff team encouraged feedback and involvement from people and their relatives to improve care outcomes. Relatives told us they were actively involved in people's care and supported to help make decisions in people's best interests when needed. The service sent relatives regular surveys which the manager told us gave, "Really useful feedback".

Continuous learning and improving care; Working in partnership with others

- The manager demonstrated ambition to provide people with the best possible outcomes and identified areas of improvement at the service. For example, the manager wanted to put a vegetable patch in the garden as an extra activity for people to enjoy.
- The management team kept up to date with current best practice for supporting people. The provider conducted monthly senior leadership meetings which discussed best practice and discussed with the manager how this could be implemented at the service.
- The staff and management team worked closely with other organisations in education, health and social care. The manager told us they had open communication with a school one person attended. The service and the school updated and exchanged daily notes to give oversight of the person's presentation and to tailor their support when moving between the two.