

Autism Wessex

Greenways

Inspection report

61 Greenways
Highcliffe
Christchurch
Dorset
BH23 5BB

Tel: 01425275697
Website: www.autismwessex.org.uk

Date of inspection visit:
09 February 2016

Date of publication:
10 March 2016

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

The inspection took place on 9 February 2016 and was unannounced.

Greenways provides care and accommodation for up to 4 people. On the day of the inspection 4 people lived within the home. Greenways provides care for people who have a learning disability. Each person received the minimum of one to one support from staff and needed to be supervised whenever they went out.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the day of our inspection there was a very calm, friendly and homely atmosphere. People were relaxed and happy. People's relatives all spoke well of the care and support Greenways provided. Comments included, "It is a lovely home, I couldn't wish for them to be anywhere else", "We feel so lucky that she is able to live in such a nice house" and "I know it is the best place they can be".

Staff encouraged people to be independent and promoted people's freedom. The design of the building and adaptations had been carefully thought out and took account of people's needs. People moved freely around the building and its grounds as they chose.

Care records were comprehensive and written to a high standard. They contained detailed personalised information about how individuals wished to be supported. People's individual method of communication was taken into account and respected. People's risks were well managed, monitored and regularly reviewed to help keep people safe. People had choice and control over their lives and were supported to take part in a varied range of activities both inside the home and outside in the community. Activities were meaningful and reflected people's interests and hobbies.

People had their medicines managed safely. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, social workers, behavioural advisors and speech and language therapists.

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and practice was person focused and not task led. Staff were highly motivated, creative in finding ways to overcome obstacles that restricted people's independence, and had an in-depth appreciation of how to respect people's individual needs around their privacy and dignity.

The service had an open door policy, relatives and friends were always welcomed and people were

supported to maintain relationships with those who mattered to them. Staff were well supported through induction and on-going training. Staff were encouraged to enhance their skills and individual development was promoted.

People were supported by staff who had a strong understanding of how to keep them safe. Advice was sought to help safeguard people and respect their human rights. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated. The manager had sought and acted on advice where they thought people's freedom was being restricted.

Staff described the management as very supportive and approachable. Staff talked positively about their jobs. Comments included, "I enjoy my job very much. I don't even think of it as work, it's like meeting up with my mates and doing all I can to make their life as great as I can", "I give my best to all the service users. I try to make life easier for them and not more difficult" and "When you go the extra mile, you get thanked 100%. That makes me feel good and makes me want to help even more".

The service had a very open and transparent culture. The registered manager had set values that were respected and adhered to by all staff. Staff were encouraged to come up with ways to improve the quality of care people received. Staff felt listened to and empowered to communicate ways they felt the service could raise its standards and were confident to challenge practice when they felt more appropriate methods could be used to drive quality.

People's relatives and health and social care professional's opinions were sought and there were effective quality assurance systems in place that monitored people's satisfaction with the service. Timely audits were carried out and investigations following incidents and accidents were used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the service.

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. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

Is the service effective?

Good ●

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good ●

The service was caring. People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion. Positive caring relationships had been formed between people and staff.

Staff knew people well and took prompt action to relieve people's distress.

Is the service responsive?

Good ●

The service was responsive. Care records were personalised and met people's individual needs. Staff had an excellent understanding of how people wanted to be supported.

People were supported by staff who used creative ways to help them feel valued, to have a good quality of life and have an enhanced sense of wellbeing.

People were supported by staff who found creative ways for people to live as full a life as possible. Activities were meaningful and were planned in line with people's interests. Staff understood the importance of companionship and social contact.

Is the service well-led?

Good ●

The service was well-led. Management were approachable and defined by a clear structure.

Staff were motivated to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care. New ideas were promoted and implemented regularly to provide a high quality service.

People were placed at the heart of the service. The service had a clear vision of continuously striving to improve.

Greenways

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The unannounced inspection took place on 9 February 2016 and was undertaken by one inspector.

Before the inspection, we reviewed information we held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law.

All of people who lived at Greenways had very limited verbal communication and so were unable to tell us their views of the service. We spent time in the communal parts of the home observing how people spent their day as well as observing the care being provided by the staff team.

During the inspection we spoke with four relatives, the registered manager, the deputy manager and six members of staff.

We looked at three records related to people's individual care needs and all records related to the administration of medicines. We viewed four staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People had communication and language difficulties associated with their learning disability. Because of this we were unable to have conversations with them about their experiences. We relied mainly on our observations of care and our discussions with people's relatives and staff to form our judgements.

People's relatives told us they felt their family members were safe and had no concerns at all. Comments included; "You get a total feeling of safety when you walk through the door", "I know they have policy and procedures in place to help keep [...] safe and I feel that she is", "[...] is as safe as she could possibly be" and "They take all the necessary precautions to keep [...] safe. Things like plug protectors and window restrictors. It all helps give you a sense of safety".

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff comments included, "Anything connected with safeguarding of any description would be taken very seriously" and "I feel action would be taken immediately if there was a hint someone may be being mistreated". Staff had all received safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One staff member said, "I know all the appropriate checks were completed before I started. Mine involved having to carry out an overseas check which delayed my start date".

The manager confirmed they had adequate staff to meet people's current needs. Where additional staff were needed to cover unforeseen events, they used agency staff that had supported people who lived at Greenways before. The registered manager stated this was so people received care from staff they knew well, which was important. Staff were not rushed during our inspection. We observed staff acted quickly to support people when they needed assistance or required company.

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence. For example, one person was known to dig holes in the walls of their bedroom. Staff noted the person had dug deeply into their bedroom wall and unveiled live electric cabling. Staff immediately ensured the person was safe and moved the person to another room. Risk assessments were updated. The registered manager confirmed, action was taken to enclose the electric wires within a metal casing and hidden deep within the cavity wall. This minimised the possibility of the incident ever being repeated. They added, "The person was very quickly able to move back to their own room and maintain their independence".

People had documentation in place that helped ensure risks associated with people's care and support were managed appropriately. Arrangements were in place to continually review and monitor accidents and incidents. Up to date environmental risk assessments, fire safety records and maintenance certificates evidenced the premises was managed to help maintain people's safety. People's needs were met in an emergency such as a fire, because they had personal emergency evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to the fire service, so they could be supported in the correct way. The registered manager confirmed regular fire drills took place to help ensure staff knew exactly what to do in the event of a fire.

Staff were knowledgeable about people who had behaviour that may challenge others. Care records, where appropriate contained 'Behaviour Management Plans'. The service used a traffic light system to help staff monitor people's behaviour. The forms recorded known triggers, and noted positive action that staff could take to successfully de-escalate a situation. The registered manager explained each person had several pictorial social stories in place that depicted known behavioural traits and trigger points, personal to the individual. They said, "These help staff to quietly and calmly sit with a person following an incident and explain to them the dangers associated with the behaviour they had displayed. Staff go through the specific social story, linked to the behaviour and help them understand why their behaviour needs to stop". Incidents that occurred were discussed and reviewed to allow learning to take place. For example, if a previously unknown trigger had been identified, a new pictorial social story would be created, so staff could use it to help keep the person and others safe in the future.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. People's individual support plans described the medicines they had prescribed and the level of assistance required from staff. Records of when people were given 'as required medicine' were kept; they gave clear reasons for the administration and noted the effect it had on the person's health or presentation so its use could be monitored effectively.

People's complex needs with regards to administration of medicines had been met in line with the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Clear procedures for giving medicines were in place. Care records clearly detailed the correct legal processes had been followed and informed staff how each medicine was to be administered. Staff understood the need for this action to be taken, followed the correct procedure as outlined in people's care plans and completed medicine administration records (MAR) appropriately.

Is the service effective?

Our findings

Because of people's language difficulties we were unable to have discussions with them. We therefore relied on our observations of care and our conversations with people's relatives and staff to understand people's experiences. Relatives felt their loved ones were supported by well trained staff who effectively met their needs. Comments included, "It is a very challenging role, but the staff have been fantastic" and "Nothing has ever led me to believe that staff are not trained, I'm confident they are".

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Newly appointed staff where necessary, completed the new care certificate recommended following the 'Cavendish Review'. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers received in social care settings. New employees also shadowed other experienced members of staff until they and the management felt they were competent in their role. The registered manager added that new members of staff were assigned a mentor which enabled them to have a named person they could go to for immediate support whilst going through the induction process. Staff comments included, "everyone was so supportive during my induction, it really helped me feel less anxious and gave me confidence" and "I had so much support, I was never pushed in at the deep end, it was all done at my pace".

The registered manager informed us how they supported staff to achieve nationally recognised qualifications. Where possible, they sourced support from and had established links with an external agency to obtain funding on behalf of their staff. This enabled staff to take part in training designed to help them better their knowledge and help provide a higher level of care to people. It also helped staff to develop a clear understanding of their specific role and responsibilities and have their achievements acknowledged.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. The registered manager had a good knowledge of their responsibilities under the legislation and ensured all staff adhered to people's legal status which helped protect their rights.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Daily notes evidenced where consent had been sought and choice had been given. For example, people used a picture exchange communication system (PECS) to inform staff of how they would like to spend their day. A staff member commented, PECS enabled people to communicate what activities they would like to complete and where and when they would like to partake in them. They also explained other decisions were made in people's best interests,

based on informed judgements from staff that knew people really well. Documentation evidenced the correct procedure had been followed with regards more complex decisions that had been made. Best interests decisions had been recorded in people's care records to help ensure people's needs were supported and their well-being maintained.

People were supported by staff who understood about the care and support they needed on a day-to day basis in order to have their health needs met. For example, The registered manager and deputy manager had taken part in oral health training. They had achieved accreditation to become trainers in this field and this enabled them to train all their staff in becoming 'oral health champions'. The registered manager said, "I am very proud of this. The training also gave us advice on how we can use effective non-verbal communication, to help people understand the importance of maintaining their oral hygiene and the health benefits this can have. Having these new skills helps us to make appropriate referrals to professionals when we identify potential issues regarding someone's mouth or teeth. It has also led to us purchasing items such as double-sided toothbrushes and medicated toothpaste to improve their health in this area."

Staff told us and care records evidenced it was common practice to make referrals to relevant healthcare services quickly when changes to health or well-being had been identified. Detailed notes evidenced when a health care professional's advice had been obtained regarding specific guidance about delivery of specialised care. For example, a person had been referred to a dentist when staff had noticed a build-up of plaque on their teeth and were concerned about the detrimental effect this could have on their health. Relatives commented, "Staff always keep us informed of any appointments [...] has, and let us know if they have any concerns" and "Staff were really good with [...]s needs, they got a community nurse involved and worked alongside them to stabilize his condition".

People were protected from the risk of poor nutrition and dehydration by staff who regularly monitored and reviewed people's needs. Care records detailed dietary preferences and listed how individuals would communicate if they did or did not wish to eat or drink at any particular time. For example, we observed one person signal to staff they wanted a particular bowl from the cupboard, which indicated they wanted to eat. Staff assisted immediately with this request. The person then prepared their food and sat down and ate their breakfast. A relative told us how staff had worked alongside various healthcare professionals to help support their loved one to lose weight. They explained how staff had combined a healthy balanced diet with an exercise programme with great success. They said, "[...] has lost 6 stone since he has been at Greenways, having such an active lifestyle has meant he can still have many of the foods he enjoys; it's been really good for him, his health has improved and he is now able to take part in even more physical activities".

People were encouraged to be as independent as possible with staff assisting only when support was needed. Staff checked people had everything they required and supported people to eat at their own pace and not feel rushed.

Care records highlighted where risks with eating and drinking had been identified. For example, one person's record evidenced staff had identified a potential risk with a person regurgitating their food. Staff sought advice and liaised with a speech and language therapist (SLT). Staff had been advised to maintain the person's independence with eating, but to help minimise the risk, the person was to be observed whilst eating by staff with first aid training.

Is the service caring?

Our findings

People's families spoke positively about how staff cared for their relatives. One relative commented, "Staff are caring, they have built up a good relationship with [...]". Another person's relative said "I feel blessed to have such caring staff looking after [...]".

Four adults with learning disabilities lived together at Greenways. We observed a lot of kind and friendly interactions between people and staff. For example, we saw one person going through their exercises in the lounge. Staff clapped and cheered when the person was proud of completing their programme. We also heard staff laughing and joking with people whilst various indoor activities took place.

Staff showed concern for people's wellbeing in a meaningful way. We saw staff interacted with people in a caring, supportive manner and took practical action to relieve people's distress. For example, one person showed signs of distress whilst in the dining room. A staff member promptly assisted the person. They knew instantly what action to take to help ensure the person felt comforted. We saw within a very short space of time, the person was content and continued to enjoy eating their meal. A staff member talked us through various different methods used to help reduce signs of distress. For example, one person had different types of sensory equipment. Each item helped create different types of stimuli that had a pacifying and calming impact on their behaviour and wellbeing. These included, different shaped brushes that staff would run down the person's arms or an elastic item that the person could flick which gave them comfort and reduced their anxiety.

Staff knew the people they cared for. They were able to tell us about individual likes and dislikes, which matched what we observed and what was recorded in people's care records. For example, one person's record noted their joy of spending time on a swing. Staff told us how much this meant to the person and the positive impact the activity had to their wellbeing. The service had purchased a swing that had been situated in the garden of the home. One staff member said, "They just love spending time on the swing, it brings them so much joy and relaxation". Another staff member told us how one person was particularly fascinated by different elements of weather in particular wind and rain and how outings were chosen to reflect this. They said, "[...] has loved the storm weather we have had recently, we took them to see the big waves crashing against the rocks" and "Their room was specially chosen, as it has sky lights which means they can lay down and look up at the wind blowing through the trees". Relatives relayed how they felt staff demonstrated they knew their loved ones well. They described how staff respected the fact that they enjoyed amongst other things, football, basketball, swimming, the cinema and dance classes. One relative commented, "They just know exactly what [...] enjoys doing, he leads such and socially active life, he is always so happy".

People were supported by staff who showed kindness and compassion. Staff recognised the importance of building trusting relationships and found creative ways to achieve this through having an in-depth understanding of a person's likes and preferences. One member of staff talked us through items of clothing they had purchased that reflected people's interests. For example, they wore a jumper to work that depicted a favourite cartoon character of a person they supported. They said, "It just gives us an instant connection

and makes them happy, anything I can do no matter how little to help them to develop trust in me is worth it. It helps us form a bond".

Staff treated people with dignity and respect and supported them to maintain their privacy and Independence. Staff spoke to people in a polite, patient and caring manner and took notice of their views and feelings. When people needed support staff assisted them in a discrete and respectful manner. For example, staff told us how it was important to respect people's routines and know when people required time alone in the privacy of their own rooms. Staff informed us of various ways people were supported to maintain their dignity. For example, one staff member commented how they would support people to gain access to a toilet, but would then leave the room so they had privacy, returning only when called upon to do so. Another member of staff explained how they maintained eye contact with people, whilst providing personal care, and covered people with towels to respect their dignity, and kept curtains and doors closed. Relative comments included, "Staff do everything they can to respect [...]s privacy", "Staff do think about how their actions may impact on [...]s dignity, which is important" and "Staff have to be with [...] at all times, but they do this discretely at times to give [...] as much privacy as they can".

Staff respected people's confidentiality. Staff treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information was kept securely in locked cupboards.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. One relative said, "I was told some time ago to call ahead if we wished to visit, however, I have at times just turned up and this has been absolutely fine". Another commented, "I am always made to feel welcome when I visit".

Is the service responsive?

Our findings

Care records contained in-depth information about people's health and social care needs. They were written from the person's perspective and reflected how each person wished to receive their care and support. Records were well organised, and gave clear and detailed guidance to staff on how best to support people with personalised care. Records were regularly reviewed to respond to people's change in needs.

People and their families where appropriate were involved in planning their own care and making decisions about how their needs were met. Staff were skilled in supporting people to do this and assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and support their needs. They confirmed they would where possible involve people or those who matter to them within the decision, and consult with health and social care professionals. For example, staff noted that one person would benefit from having a wet room installed. They liaised with social care professionals and the person's family who all agreed this would be of great benefit. Plans had been drawn up and the registered manager confirmed work was due to take place shortly. Their relative said, "They always try their best to think of things that will improve [...]s daily living. The new wet room will certainly do that".

People were supported by staff who were proactive in making sure they maintained relationships with those who mattered to them. For example, the service had a designated member of staff who was given the title of 'Staff Champion' for information technology (IT). The staff member helped people use Skype to communicate with their loved ones. A member of staff commented, "Skype is a really good way of helping people to keep in regular contact with their family, it really has a positive effect on their lives". Relative comments included, "We use skype on a weekly basis as we live a fair distance away. It is great to hear about their day and see that they are happy" and "We skype weekly, one of our goals is for [...] to be able to do this independently".

People were encouraged and supported to maintain links with the community to protect people from loneliness and help ensure they were not socially isolated or restricted due to their disabilities. Care records highlighted the importance of maintaining a community presence and social inclusion. Staff confirmed and records evidenced where people had been supported to carry out personalised meaningful activities that reflected their hobbies and interests. This included, attending college, working, bowling and trips to the cinema. Staff confirmed people led really active social lives. Relative comments included, "I was so pleased when [...] was supported to get a job, he just loves being part of a community and so his delivery job is perfect for him. He gets to meet and talk to lots of people where he lives and he just loves that, he is such a sociable person", "It can be quite a challenge to take [...] out in the community, but [...]s key worker is absolutely fantastic, she is so confident that she is willing to try and take [...] out whenever she can. Because of this [...] has a great quality of life and I feel blessed" and "I don't think it would be possible to fit anymore activities into a week, its great".

People were supported by responsive staff who had an excellent understanding of people's preferences and found creative ways to enable people to live full and active lives. For example, many people within

Greenways found great comfort from sensory stimulation. The registered manager explained that people when possible were able to use a sensory room located at another home owned by Autism Wessex. Staff raised the notion of installing a sensory room within Greenways. This idea was granted. All staff members were tasked to come up with innovative ideas which could be incorporated into the room and meet people's needs. The registered manager told us how one member of staff had taken part in a sky dive to raise funds for the new sensory room. The staff member said, "I had an idea to raise money, it was the scariest thing I've ever done, but it will be worth it when the rooms finished."

Care planning focussed on a person's whole life. People's skills and abilities were assessed and goals were set with people that they wished to achieve. Staff used a tool called the 'Goal Attainment scale' (GAS) to monitor a person's daily achievement in reaching their desired outcome. For example, one person set themselves a goal of independently washing their hair. Staff would assess, using a sliding scale, how much input the person needed from staff each day, ranging from no input at all (+2), to full support from staff (-2). When a person had shown consistently that they required no input from staff. The goal had been achieved and a new goal was set. The deputy manager said, "This is a great way for us to demonstrate to people how they are achieving their goals. We focus on the positive steps people are making and celebrate their achievements on a day-to day basis".

The service had a policy and procedure in place for dealing with any concerns or complaints. This was produced in an easy read format and kept in the entrance to the service. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. Relatives comments included, "I have raised a complaint before, regarding medication. Everything was sorted right away and it has never happened again", "I had a small concern once, which was totally understandable and nobody's fault really. However, I mentioned it all staff were told and it hasn't happened again" and "I have no concerns, I'm in and out frequently and would say if I did, but I don't". The registered manager confirmed and evidence suggested there had been no written or verbal complaints made to the service.

Is the service well-led?

Our findings

The registered manager and the deputy manager took an active role within the running of the service and had good knowledge of the staff and the people who lived at Greenways. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People's relatives, health and social care professionals and staff all described the management of the home to be approachable, open and supportive. Comments included, "[...] does a fantastic job very easy to talk to", "As a mum it is important that I feel I can approach the manager at any time about anything. I feel I can do this" and "There has never been a time when I have not been able to speak with a member of management when I have needed to".

The registered manager told us staff were encouraged and challenged to find ways to enhance the quality of the service they provided. Staff told us they felt empowered to have a voice and share their opinions and ideas they had. We saw through systems that had been implemented that ideas had been acted upon with success. For example, one staff member came up with an idea of utilising their creative skills outside of work, to help people personalise their own rooms. They sought people's wishes and designed wall art and stickers for doors which depicted people's interests. The deputy manager said, "It really creates a very unique personal feel to people's rooms. The people themselves loved putting them up. The member of staff is also helping to design a wall mural for the new sensory room."

The registered manager explained how they planned to use reflective practice to ensure staff not only sustained their current practice but continually sought ways to improve it. Video reflective practice was to be introduced. Consent had been sought from all parties involved. Staff interactions with people would be filmed once a year and then the staff member would sit down with the manager and discuss their practice. The registered manager said, "We would look at things like body language and communication and see if there are any areas where improvements can be made. It has been successful in trials we have conducted and will help me ensure staff maintain a high quality service."

The deputy manager told us one of their core values was to have an open and transparent service. This reflected on the duty of candour. The service had a policy regarding the duty of candour, which detailed their legal obligation to act in an open and transparent way in relation to care and treatment. The provider sought feedback from relatives in order to enhance their service. Surveys were conducted and a meeting had been held to encourage people to suggest ways in which the service could develop. For example, relatives suggested that general communication could be improved. They felt that whilst they were informed of events connected to their loved ones health and wellbeing, they were not always told of the fun things they had done or the places they had visited. Staff came up with an idea of producing individual monthly newsletters that they could send to relatives. It would detail the activities the person had taken part in, the places they had been and the goals they were striving to achieve. The registered manager said, "The response from the parents has been great, the feedback I have been given is that they are thrilled to bits." A relative commented, "It was lovely to receive the first letter, it contained photos of [...] enjoying various

things and gave me insight into what he had enjoyed doing that month."

Staff meetings were held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice. For example, one staff member raised a suggestion around the administration of medicine. They had suggested a way it could potentially be improved. The idea was discussed, however could not be implemented. They said, "I do understand why it wouldn't work in practice, but I just thought I would put the idea out there. I'm always thinking of ideas that might benefit the clients".

The service inspired staff to provide a quality service. Staff were delegated key duties and responsibilities under a staff champion system which encouraged staff to take ownership over certain areas of practice and think of ways improvements could be made.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the manager, and were confident they would act on them appropriately

Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "I love my job, I love doing stuff with the guys and it's a really nice team", "I enjoy my job very much, I don't even think of it as work, it's like meeting up with my mates and doing all I can to make their lives as great as I can", "I give my best to all the service users. I try to make life easier for them and not more difficult" and "When you go the extra mile, you get thanked 100%. That makes me feel good and makes me want to help even more".

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. For example, A recent audit highlighted that whilst a DoLS authorisation had been applied for correctly, it had not been followed up to check its progress. We saw evidence this had now been followed up and correctly recorded.