

Cristal Care Limited

Langold View

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

Langold View is a residential care home providing personal care to five people who have a learning disability and/or autism. The service can support up to eight people. The home is separated into two separate buildings with up to four people living in their own apartments in each building. Each apartment contained their own living space, kitchen, bathroom and bedroom. There are some communal areas for people to use and to meet and socialise with others.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

Right support:

- Model of care and setting maximises people's choice, control and independence. Each person had their own separate apartments. The home was located in a town with easy access to the local community. There was also access to public transport routes to enable people to travel further away from their home if they wished.

Right care:

- Care and support was person-centred and promoted people's dignity, privacy and human rights.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

People were provided with care and support that reduced the risk to their safety. Risks to their safety were assessed and acted on with no unnecessary restrictions made on their lives. Staff understood how to identify, act on and report any allegations of abuse or neglect. There were enough staff in place to provide people with safe care and support and also to enable people to lead active and meaningful lives.

People's medicines were well managed. People were protected from the risk of the spread of infection. This included safe COVID-19 practices. Accidents and incidents were investigated. Staff had received training to

help reduce the risk and effect of behaviours that may challenge.

People received care and support that met current best practice guidelines and adhered to relevant legislation. People's care and support was provided in line with the characteristics of the Equality Act 2010. Staff were well trained and received supervision of their practice. A small number of supervisions were overdue for some staff.

People were supported to make wise food and drink choices. The effect of poor choices was communicated to them in a way they could understand. Staff worked with other health and social care professionals to provide care and support for people. A health and social care professional praised the way staff facilitated a person's smooth transition to living at the home. People had access to healthcare where needed. People were supported with attending these appointments and the reasons why they were important were explained.

People's apartments and communal areas had been developed to promote inclusivity and access for all. 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.

Staff were kind, caring and compassionate. They had people's best interests at heart. People were supported to make decisions about their care and support needs. People's privacy was respected, independence encouraged, and they were treated with respect and dignity. We observed positive interactions between staff and people.

Care and support was person-centred. People were encouraged to lead active lives, to be part of their local community and to meet others to reduce the risk of social isolation. People's goals were encouraged, and their progress was tracked to ensure positive outcomes. People received information in an accessible format that did not discriminate. People felt complaints were handled appropriately. End of life care was not currently provided. There had been minimal discussion with people about this subject. The registered manager acknowledged this was something that they needed to address.

Staff felt able to approach the registered manager with any concerns. The registered manager was knowledgeable about the regulatory requirements of their role and they felt supported by the senior management. Staff were encouraged to provide feedback about how the service could be improved and/or developed. Success was recognised and rewarded. Quality assurance processes helped to identify any areas of concern but also things that were working well. The registered manager was knowledgeable, experienced in the provision of learning disability care and support and people and staff liked and respected them.

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 1 November 2019 and this is the first inspection.

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.

Langold View

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.

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

The inspection was carried out by two inspectors.

Service and service type

Langold View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because the service is 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 the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us 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-

During the we spoke with three people who used the service about their experience of the care provided. We spoke with care staff, the deputy manager, the registered manager and the operations manager. We observed staff interacting with people within their own apartments and also in outside areas.

We reviewed a range of records. This included three people's care records, medication administration records and the daily notes recorded by care staff. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures and training records.

After the inspection

We contacted two relatives relative and one was able to give their views about the quality of care and support provided to their family member. We also emailed six health and social professionals to gain their views of this service. We received three replies. We emailed other staff not present at the inspection and received four replies.

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

- People were protected from the risk of abuse.
- People told us they felt safe when staff provided them with care and support. One person said, "I like living here, it's good. The staff are very nice to me, they always help me."
- The provider had policies and procedures in place that enabled any allegations of abuse to be identified and reported to management and safeguarding authorities. Records showed thorough investigations were carried out and action taken to reduce the risk of recurrence and on-going harm to the person involved and others.
- Staff understood how to identify the signs of abuse and/or neglect and felt confident concerns raised would be acted on.

Assessing risk, safety monitoring and management

- People received care and support that reduced the risk to their health and safety.
- People and the relative told us staff supported them or their family member safely. People were encouraged to make decisions about their own safety and the risks of certain choices were explained to them by staff. One person told us they liked baking and liked staff to support them with this.
- Each person had positive behaviour support (PBS) plans in place. The PBS is an individualised support plan which is available to those who provide care and support. This helps staff to understand young people and adults who have a learning disability and who may display behaviours that challenge. PBS offers strategies for staff to use to help diffuse situations where people could come to harm.
- Staff had received 'Therapeutic crisis intervention training'. A staff member said, "This is some of the best training I've had, it taught me how to deal with behaviours and de-escalate situations quickly and calmly with just my voice, it works so well." We observed staff twice use these techniques to quickly diffuse two potentially challenging situations. They were calm, reassuring but also firm in explaining why the behaviours presented were not acceptable. Both people responded positively to the approach from staff.
- Environment risk assessments had been completed for each person's apartment as well as communal areas at the home. Where hazards had been identified, action was taken to reduce the risk. Each person had individualised personal emergency evacuation plans in place. Each plan assessed people's ability to understand how to evacuate and whether any physical disabilities needed to be considered. We also noted regular testing of fire safety equipment and practice fire drills had taken place. This helped to keep people safe in an emergency.

Staffing and recruitment

- There were enough suitably qualified and experienced staff in place to keep people safe.

- People and the relative told us staff were available to them or their family member when needed.
- Records showed at times of the day when people had been assessed as requiring continuous supervision this had been provided. Records also showed that when people wanted to go out to do an activity or to visits local shops or other local amenities, staff were available to support them. We had also seen on-going assessments of the number of staff required to support people in the community, with, in some cases the number being reduced.
- By reducing the number of staff required to support people in the community this had increased people's independence and given people more control over their lives. This maintained the provider's commitment to the principles of Right Support, Right Care, Right Culture.
- Staff told us there were occasions when they had been asked to cover shifts. They did not mind doing this. The provider told us by using employed staff to cover shifts for sickness and annual leave, meant that the number of agency staff used at the home was low. This helped to ensure people received care and support from staff who knew and understood them.
- Where agency staff were used, they all completed an on-site induction which included being shown emergency exits, being updated on any current risks to people's safety and being introduced to the person or people they would be supporting. This helped to keep people safe.

Using medicines safely

- People received their medicines safely.
- A person told us they received their medicines when they needed them and understood they had to take them but was not sure why. The registered manager told us staff ensured they explained why a medicine was required and what would happen if it was not taken.
- People's medicines were stored safely within their own apartments. Each person had individualised support plans and risk assessments in place that ensured they received medicines safely and in their preferred way.
- People's medicine administration records, were, overall, well-completed. We did note a few staff signatures missing on some entries. The registered manager told us they would address this. Staff competency to provide medicines safely was regularly assessed. Poor staff performance in this area, would result in staff being removed from administering medicines and re-training. This helped to keep people safe.

Preventing and controlling infection

- The home, people's apartments and all communal areas were well maintained and clean. This helped to reduce the risk of the spread of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider ensured lessons were learned when accidents and incidents occurred.
- Accidents and incidents were recorded appropriately. There was evidence of a review by the registered manager or other relevant person. Actions taken to reduce the risk of recurrence had been recorded. However, we did note that a review of whether the actions taken had been effective had not been recorded. The registered manager told us they would address this by adding a further section to the investigation records.

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

- Support plans were formed in accordance with current best practice guidance and legislation.
- Plans included sufficient information for staff to provide care and support for people which considered their needs and choices. This helped to ensure people were cared for and supported effectively.
- People's protected characteristics were considered when care was provided. This reduced the risk of people experiencing discrimination.

Staff support: induction, training, skills and experience

- People were cared for and supported by staff who were well-trained, experienced and had the required skills to provide effective care and support.
- People and relatives praised the approach of staff. One person said, "The staff are nice, they know me."
- Staff told us they felt well-trained and records viewed confirmed this. Staff had received extensive training that the provider had deemed necessary for the role. As well as training in areas such as safeguarding and moving and handling; staff had also received training in more complex areas such as; 'Learning disabilities', 'Autism' and 'Dysphagia'. These courses gave staff the confidence to provide effective, individualised care and support for people.
- The provider ensured staff received regular supervision of their practice. Records showed most staff had received the required minimum of three supervisions per year plus an annual appraisal.
- However, there were some gaps in some staff records. The registered manager told us a new process had been introduced where the responsibility for completing the supervision had been delegated to various other colleagues including the deputy manager. This new process was designed to give the registered manager more time for other responsibilities. We were assured when this new process was in place and working effectively these gaps would be addressed.
- Staff had been encouraged to complete externally recognised qualification such as diplomas (formerly NVQs) in adult social care. Continued professional development will ensure people continued to receive effective care and support from suitably qualified staff.

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

- People were supported with making wise and informed food choices that enabled them to maintain a balanced diet.
- People were supported to choose their own ingredients, cook them and then were supervised (if required) with eating their meal. People were encouraged to make healthy food choices and plan their meals for the week. Meal planners with pictures of the meals and ingredients were used to help people take control of their choices.

- People were informed about the benefits certain food and drink choices could have on their health, but also the harm some foods could do. Records showed referrals to speech and language therapists (SALT) had been made where required. A SALT provides treatment, support and care for children and adults who have difficulties with communication, eating, drinking and swallowing. This guidance and support can be crucial in reducing the risk of harm when eating meals.

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

- Staff understood how to identify when people needed intervention from a health or social care professional. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.
- A social care professional told us the registered manager had worked in collaboration with another adult social care provider to ensure a person's safe and smooth transition to the home. They told us the transition resulted in very little unsettlement for the young person in question and their family.
- The registered manager told us they were proud of the way they supported new people to move to the home. This included spending days and nights at the home, getting to know other people and staff and then moving in when ready.

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

- People had access to their GP and other healthcare agencies to support them with leading healthy lives.
- A person was able to tell us about a condition they had, and the support staff were giving them with attending health care appointments. We also observed staff speaking with this person and advising them that a choice the person had made may not be beneficial due to the person's health. The person responded well to this.
- There was evidence of appropriate referrals to health and social care services when needed.
- When people required a hospital admission or appointment, the provider had ensured a process called a 'Hospital Passport' was in place to ensure the visit caused the person as least difficulties as possible. This included providing hospital staff with essential information such as allergies, communication needs and any behaviours that could cause the person and/or others harm.

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

- The premises had been designed to ensure people received care and support in accordance with the Right Support, Right Care, Right Culture principles.
- Each person had their own secure apartment with access to communal areas if they wished to use this. People were able to decorate their apartments in their chosen way. One person we met took great pride in their apartment and enjoyed showing us how they decorated the rooms with lights, pictures and other items of their choice. This gave people their own private space and encouraged independence.
- Bathrooms and toilets within people's apartments had been specifically adapted to enable people with a physical disability to either use them safely alone or with assistance of staff. There was ramped access to all areas of people's apartments and communal areas. People were not restricted by their environment.
- Regular maintenance of the buildings was carried out. This was done effectively. We observed testing of fire alarms being carried out during the inspection.

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. We found that they were.

- Consent to aspects of people's care and support was obtained. When people lacked the capacity to make specific decisions mental capacity assessments and best interest decisions were documented. Appropriate people were consulted on decisions where required. This included health and social care professionals, relatives and people with lasting power of attorney. This ensured people's rights were respected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, were well treated and people's protected characteristics such as gender and religion were embraced.
- People and the relative told us they or they family member were treated with kindness from a caring and compassionate team of staff.
- We asked one person if staff were nice to them. They smiled, reached for the staff member's hand and said, "I love [staff member], they are my best friend." It was clear from the interactions between staff and the people they cared for and supported that they got on and had formed a positive and meaningful relationship.

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

- People were supported to contribute to decisions about their care and those decisions were respected.
- A staff member said, "I prefer working here, you get so much time with people, you really get to know them and learn how best to support them."
- Each person had individualised communication support plans in place that guided staff on the most appropriate way to communicate with each person; which encouraged people to become involved with their care. For example, one person used 'Makaton'. Children and adults use Makaton symbols and signs, either as their main method of communication or as a way to support speech.
- Another person had a 'Now or Next' process in place. This had been assessed as the best way for the person to know what they were about to do now and what they were due to do. It enabled the person to inform staff if they were not happy with what was planned, and an alternative could be put in place. This helped staff to support the person and to reduce the risk of them presenting behaviours that may challenge.
- The registered manager told us that once a month they worked with people and staff to provide care and support. They told us this gave them a good opportunity to meet and speak with people and to gain their views on their care and support, but also to observe staff interacting with people.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity; their privacy was respected, and their independence was encouraged.
- A person told us going to the shops was important to them for their independence. Staff understood this and regular visits were made. The person told us staff were always available to them when they needed them.
- People had individualised support plans which informed staff what people could do for themselves and where they needed support from staff. This included people's ability to get themselves dressed, choose their own meals and carry out elements of their own personal care. There was a clear ethos of encouraging

people do as much for themselves as possible.

- People had their own private apartments which gave them space from others living at the home if they wanted it.

- People were treated with dignity and respect. We observed positive interactions between people and staff. Staff were always respectful, they listened and people responded well to this.

Is the service responsive?

Our findings

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

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

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

- People's care and support was planned to ensure they had their needs met and their choices and preferences were acted on.
- Support plans were individualised and contained detailed guidance about people's normal daily routines.
- We saw a whiteboard was used to inform people of the date, weather, which staff would be supporting them, planned activities and chosen meals for the day. Pictures were used as an added communication tool for a person. Staff told us this gave this person sufficient information that enabled them to express their agreement or to request changes. We asked a person whether they liked using the white board and they smiled and nodded in agreement.
- Reviews of support plans took place regularly. Where able, people were involved with these reviews. We noted one person had agreed to the content of the review by drawing a picture and signing their name. This showed this person had choice and control over the way they wanted their care and support to be provided.

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 registered manager had a good understanding of the AIS and could explain how they incorporated this, ensuring people had access to information they could understand.
- Easy-read documentation was used where needed. This is a format with clear information for people with learning disabilities. People also used Makaton, signs, symbols and pictures to be able to make informed choices and express their wishes.

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 were encouraged to lead active lives, meet others and to feel part of their local community.
- People took pride in telling us about the wide range of activities that staff supported them with. This included days out of the home, but also activities when they preferred to stay home. One person told us staff played games with them including dominoes, cards and colouring.
- The provider had ensured that the principles of the 'Right Support, Right Care, Right Culture' were embraced by empowering people to feel part of their local community. A relative told us their family regularly used local hairdressers, shops and cafes. The registered manager told us they ensured people were

able to feel part of their local community. People had been introduced to local shopkeepers and other people in other amenities.

- Activities were also provided within the communal areas for people to meet others and to make friendships. A number of themed evenings had taken place in 2021 including; Pizza Nights, watching major sporting events and a summer BBQ. Two people who had expressed a keen interest in baking were supported to bake together and this has seen a friendship flourish. A relative spoken with told us about the positive impact this friendship had had on their family member. People from other services within the provider group also met with people from Langold View. This has helped to reduce the risk of social isolation by the forming of new friendships.

Improving care quality in response to complaints or concerns

- Processes were in place that ensured complaints or concerns raised were handled appropriately and in accordance with provider's complaint's policy.
- People and the relative told us they felt complaints were handled appropriately.

End of life care and support

- End of life care and support was not currently provided.
- We noted in people's records that there had been minimal discussion about this subject.
- The registered manager acknowledged that whilst this was a sensitive subject, this was something that they would address. This is important to ensure that people with a learning disability and/or autism are able to make informed choices.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were provided with a good standard of care and support that was person-centred, inclusive and helped people to experience positive outcomes.
- People told us they liked living at Langold View and liked the staff and the management. A person told us they liked the fact that staff always checked they were ok. Another person told us they enjoyed their time with staff and felt it reassuring to have them there when needed.
- The registered manager told us one of the key aims of the provider was to help people to develop and to achieve the things that were important to them. People's aims and goals were regularly discussed with them and their progress was recorded. For example, a person had expressed their wish to gain a fishing licence and staff had helped them to get this.
- Staff told us they enjoyed helping people to achieve their long-term goals but also day-to-day things such as making meals for themselves or reducing the number of staff needed to take them out. One staff member said they got a great sense of personal satisfaction seeing people receive the support they needed to achieve things that were important to them.

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 provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that their concerns were acted on

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

- Staff in all roles had a good understanding about how they contributed to providing high quality care and support for all.
- The registered manager told us they were currently working with the deputy manager, team leaders and senior support staff with the aim of delegating some responsibilities to them. This will give the registered manager more time for longer-term planning and strategy whilst supporting other staff to develop their roles.
- Staff told us they felt supported by registered manager. The registered manager in turn, told us they felt the senior management team including the operations manager offered them the guidance and support needed to carry out their role effectively.

- The registered manager had a good understand of the regulatory requirements of their role and ensured the CQC were notified of any relevant incidents.
- Team meetings were held with support staff. Additionally, team meetings were held with senior support staff and team leaders. The registered manager welcomed these meetings as an opportunity to listen to the concerns of staff, discuss positive outcomes for people and areas for learning and development. Staff told us they felt able to discuss any concerns they had with the registered manager.

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

- People were encouraged and supported to discuss their care and support needs.
- People were provided with a variety of formats to give their views on the quality of the care they received and to discuss any potential changes they wished to make. All formats considered people's ability to communicate ensuring people were not unduly discriminated against.
- Efforts were made to ensure that people were supported to engage with their local community and to feel part of the town where they lived. This included inviting locals to events held at Langold View such as 'Coffee mornings' and 'Save the children' charity days.

Continuous learning and improving care

- The provider had ensured there was a culture for continuous learning and improvement of care and support amongst their staff, at all levels.
- Quality and compliance manager meetings were held regularly with registered managers from the provider's other services. Discussions were held about themes and trends with the aim to reduce the risk of these impacting people who received care and support.
- The registered manager received support from the operations manager to carry out their role in accordance with the provider's aims and requirements. We met the operations manager during the inspection, and it was clear they and the registered manager had a positive working relationship that encouraged and promoted continuous learning and improving care and support.
- Quality assurance processes were effective in identifying areas for improvement and development; but also, for identifying areas of good practice, as was evident from our positive findings throughout this inspection.
- The operations manager told us they regularly sought feedback for continuous improvement from staff both formally and informally. They told us ensuring the right culture of the service helped staff to feel valued through being open to ideas and ways of working and celebrating successes.
- For example, a senior care worker introduced a newsletter at Langold View six months ago and this will now be introduced across all of the provider's services. We viewed this newsletter and found it to be a fun but also informative document which encouraged people to become involved and celebrate success.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies and assisted them in providing care and support for all.
- The majority of the feedback we received from health and social care professionals was positive.