

Achieve Together Limited

Meesons Lodge

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

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

Meesons Lodge is a residential care home providing personal care to 11 people at the time of the inspection. The service can support up to 12 people.

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

Right Support

- The size of the service did not reflect best practice outlined in the Right Support Right Care Right Culture guidance. However, the service was set up prior to this guidance being issued and it was spacious which meant people were able to spend time on their own or as a group.
- Staff supported people to achieve their aspirations and goals. A member of staff told us, "We set goals to do with people's interests and promoting independence."
- The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.
- People had a choice about their living environment and were able to personalise their rooms. Feedback from a relative described, "...clean and pleasant surroundings, uncluttered layout...we also welcome the ongoing investment in upgrading rooms, results so far look pretty impressive".
- Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people. One relative told us, "All of them have got their own [tablets] and mobiles...Now we [video call] every Sunday. Staff read messages and show pictures."

Right care

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. A relative told us, "The staff are lovely."
- Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to 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. A professional told us, "Staff retention seems good which is key to care provision and staff appear happy."
- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.
- People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.
- People could take part in activities and pursue interests that were tailored to them. The service gave

people opportunities to try new activities that enhanced and enriched their lives. A relative told us there was, "An exciting range of activities for service users in house and in town." However, we were concerned that the activities were not always person-centred and have made a recommendation about this.

Right culture

- People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.
- Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. A professional told us, "I found the staff helpful and responsive to the needs of the individual I was visiting."
- Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. A relative told us, "The good thing about Meesons is no turnover. You get to know people well. We call them our Meesons Family."
- Staff placed people's wishes, needs and rights at the heart of everything they did.
- People and those important to them, including advocates, were involved in planning their care.
- The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

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

Rating

The last rating for this service, under the previous provider was good (10 February 2020).

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.

At our last inspection under the previous provider, we rated this key question Good.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

At our last inspection under the previous provider, we rated this key question Good.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

At our last inspection under the previous provider, we rated this key question Good.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

At our last inspection under the previous provider, we rated this key question Good.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

At our last inspection under the previous provider, we rated this key question Good.

Meesons Lodge

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 and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Meesons Lodge 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. Meesons Lodge is a care home without nursing care. 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

This inspection was unannounced.

Inspection activity started on 21 June 2022 and ended on 7 July 2022.

What we did before inspection

We reviewed information we had received about the service, including feedback from the local authority and

professionals who work with the service.

Due to technical problems, we did not receive a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Where people were unable to talk with us, we used observation to help us understand their experience of using the service. We had contact with six relatives for feedback about the care their family members received.

We spoke with the registered manager, the deputy manager, area manager and four members of care staff.

We reviewed a range of records. This included one person's care record, one person's daily records and some 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. We received feedback on the service from three professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection under the previous provider this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us, "I know how to report any concerns and I know I need to protect the people I am working with and make sure they are not at any risk of abuse. I know who I would go to and I would keep escalating further if I wasn't listened to until I am heard."

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. We saw evidence restrictive practice had been reviewed, including details of the risk, restrictions and safeguarding applied. The decision-making process involved meeting with relatives and other professionals.
- People's care records helped them get the support they needed. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. The registered manager told us there were staff allocated to a person to review six monthly or more frequently if something happens, with family involvement. A member of staff told us, "I manage two people's support plans. The care coordinator is responsible for updating all their plans and reviewing their risks... If we don't have sufficient notes, I often call the family or call their previous home to find out more."
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. There was a lead member of staff responsible in this area and records we reviewed showed checks were completed regularly.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. For example, staff told us when one person was feeling irritable, they used certain words and may start to cry. Staff told us they would sit with the person in their room, ask if they would like to speak to a relative or play music. They could tell when the person felt better because they would start to sing along.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities. One relative told us, "There's quite a few of them." Staff told us, "We had some staffing issues during the pandemic, but we are ok now... we have applied for some more funding for one of the service users as we feel [they] would benefit from a few extra hours of 2:1."
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. Managers told us, "We extend their

induction if they don't feel as confident or they don't have as much experience." Staff confirmed the induction had been good and prepared them for the job. One told us, "[I] feel very comfortable here." Another said, "I shadowed for a week and then I felt confident to get on with my work."

- People's records contained a profile with essential health information, communication used, likes and dislikes to ensure new or temporary staff could see quickly how best to support them.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) which was included in their training. The medication audit described a reduction in medication used following work with the local authority STOMP team.
- People could take their medicines in private when appropriate and safe. We observed a member of staff support people with their medicines in a personalised and safe manner; they assisted the person to their bedroom before administering their medication.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. There was a medication profile for each person including guidance such as not using a certain flavour of yoghurt as it affected the medication the person was taking.
- Staff provided advice to people and carers about their medicines. A relative told us, "When [person] comes home, we're given meticulous paperwork and it's super-efficient."
- People were supported by staff who followed systems and processes to prescribe, administer and record medicines safely. Staff did not support people with medicines until they had completed the required training; the medication file included a list of staff who were authorised. However, some staff were overdue a medication competency assessment, and when we arrived, the medication cupboard was unlocked.

Preventing and controlling 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.
- The service supported visits in line with current guidance.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. Staff told us, "There is a messaging group to share information...there is also a communication book and staff would tell you if something happened."
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. One told us, "I know how to report any incidents. Recently there was a behavioural incident that I reported."
- The service monitored the use of restrictive practices. We saw a list of restrictive practice in a person's file and evidence it had been reviewed with family and professionals.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The service provided training in key skills, including service specific training identified to meet the needs of the people. Feedback we received and our observations during the inspection suggested staff had the right skills and experience to carry out their roles.
- There had been delays in accessing face to face training due to the pandemic. The registered manager told us face to face training in moving and handling had been booked for July 2022 and they had seen certificates for courses new starters had completed elsewhere. New staff we spoke with confirmed this and we observed staff using appropriate moving and handling techniques during our inspection.
- The service did not document competency checks for moving and handling. The registered manager described observing staff hoisting, supporting people with personal care and feeding. Feedback to staff was verbal and there were no records. We discussed this with the registered manager who had a new observational form she intended to use in future.
- The registered manager told us new starters did not work alone until they were trained. They would shadow a lead support worker for their first week and were then assigned a buddy at each shift. Staff gave an example of how they supported new staff with a person who tended to choose not to follow requests by new staff when supporting them to eat and would wave their arms above their head. Staff told us they would suggest new staff observe experienced staff demonstrate techniques they used to prevent this.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff were given feedback and the opportunity to raise any concerns. We saw training was discussed during supervision with staff reminded to complete courses and a prompt to check medication competencies were up to date.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of each person's physical and mental health. Support plans included details of diagnoses and how these were managed. Potential behaviours were described in the plan with guidance for staff on how to manage and record them.
- People had care and support plans that were personalised and reflected a good understanding of people's needs. Likes, dislikes and interests were listed and there was detailed guidance for staff on how to manage behaviours and health conditions such as epilepsy as well as detailed instructions on how to provide support with different aspects of daily living such as personal care and eating.
- People, those important to them and staff reviewed plans regularly together. One relative said, "We were given opportunities to input the care plan. There was a lot of sharing."
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills. We were told care plans and risk assessments were

reviewed every six months or when something changed. For example, we saw a person's eating and drinking plan had been updated 10 June 2022 following a Speech and Language Therapy (SALT) assessment.

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. Staff were aware of people's needs; whilst most people needed support with eating, those who could eat independently were encouraged to do so.
- Staff tried to involve people in choosing their food and planning their meals. This was done weekly and there were picture cards to help people choose. The menu for the week was displayed on the fridge with two choices at each mealtime and there were plans to have this in picture format too.
- People with complex needs received support to eat and drink in a way that met their personal needs and preferences as far as possible. People's dietary requirements were displayed next to the kitchen. These included information about allergies, intolerances and pureeing for those at risk of choking. A recent change following a SALT assessment was displayed to remind staff.
- People were able to eat and drink in line with their cultural preferences and beliefs. We were told one person had food which met their cultural preferences once a week.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished environment. The home had a large lounge and separate dining area which was also used for activities. There was plenty of outside space with a large garden including seating area and barbecue. However, we found posters for staff in communal areas and drawers labelled with various charts which could have been in staff areas. There was also a weighing scale for wheelchair users in the dining area which could not be folded away for storage elsewhere.
- The provider was making some improvements to the environment. There was an ongoing refurbishment plan which included bathrooms, carpets, door frames and re-decorating. We found one person's room had a wardrobe which had not been secured to the wall. We queried this during the inspection and the registered manager told us it had been moved recently and they would arrange for it to be secured.
- People's rooms included a separate en suite with sink and toilet. We found some of the toilets were covered/inaccessible. We queried this with the registered manager who confirmed toilets for those able to use them were accessible and in use with support from staff. Other people assessed as unable to use their toilet had personalised the area in line with individual preferences.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. There were photos of people all around the home and families described the physical environment as, "clean and there was a good calming atmosphere" and, "The layout is beautiful. Good surroundings."

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

- People were supported to attend annual health checks, screening and primary care services. All the families we spoke with said access to GPs and dentists was good. They described involvement of other professionals including, "There's... regular input from a dietician every three months." And "Someone comes to do toenails."
- Multi-disciplinary team professionals were involved in support plans to improve care. We saw evidence of input from the epilepsy nurse in developing risk management and plan.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Staff followed guidance provided by the SALT team to support people at risk of choking. We saw evidence of referrals to Occupational Therapy.
- Families told us that dental care and oral hygiene was well managed in the home and people had access to dentists. We saw in a care plan that teeth cleaning was listed under the person's dislikes and they had an

oral care risk assessment.

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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interests decisions. For example, we saw evidence of best interest meetings held about COVID testing and vaccinations.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interests decision-making. One member of staff told us, "Mental capacity act is all about assessing people's capacity and if they lack capacity to make a decision...we would need to have a best interest meeting with everyone involved and decide the best outcome."

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.

At the last inspection under the previous provider this key question was rated as good. At this inspection this key question remained the same. 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. We observed staff administering medication. They explained the procedure to the person, and asked for their consent to continue.
- Staff were patient and used appropriate styles of interaction with people.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. They showed warmth and respect when interacting with people. During our visit, everyone was in the garden. One member of staff was reading a story, another was playing catch with a person and they had music playing.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences. A relative told us they were impressed by the cultural support their family received.

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

- Staff took the time to understand people's individual communication styles and develop a rapport with them. A person who was moving to the home following a stay in hospital received daily visits from a member of staff. The staff member would support the person with their meals whilst there and showed them photos of the rest of the team. This gave the person some familiarity and helped the staff know how to provide support. The member of staff told us "[the person] settled in really quickly which was great."
- People were enabled to make choices for themselves and staff ensured they had the information they needed. Photos and gestures were used by staff to help people make choices. For example, items of clothing were held up for people to select. A relative told us, "[Staff] get [family member] to choose clothes, by smile or eye movement."
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. Families confirmed they were involved in decisions, telling us, "I'm part of that" and "yes very much so". Another was so confident in the care provided they said, "I'm happy to delegate because I trust them."
- Staff supported people to maintain links with those important to them. We were told, "[person's] home every other week. The staff bring [them]." And, "My [relative] sends cards to relatives [on birthdays and family occasions]. They cover that." And, "Six or seven family members go to [person's] place. It doesn't feel like care. We can function [as a family] because they care".

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to develop and gain independence. A relative told us, "My [relative] is always improving; staff take pride in this." We observed staff support a person to walk around the lounge for as long as they could manage and wanted to. They were very patient, used the correct equipment and constantly explained what they were doing.
- Staff supported people to identify achievable goals. These ranged from encouraging a person to use a cup for themselves, to promote his independence, to supporting a person to spend more time with horses, which was beneficial to them from a sensory perspective.

Is the service responsive?

Our findings

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

At the last inspection under the previous provider this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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 supported to participate in their chosen social and leisure interests on a regular basis. We reviewed the minutes from the monthly service user meeting which detailed what each person had done that month and included photos of birthdays, trips out of the home and everyday activities such as shopping and visits to the hairdressers. However, whilst there was plenty of choice in activities available, most of the options were the same for everyone.

We recommend the service refers to best practice to continue enhancing their service in line with Right Support, Right Care, Right Culture.

- People who were living away from their local area were able to stay in regular contact with friends and family. Families described support received to stay in touch during the pandemic, "They'd text me for [person], and send pictures...contact with me was really good." And "There were lots of phone calls and emails because I don't live close by, but when there were parties and celebrations, I'd get pictures."
- Staff were committed to encouraging people to explore new social, leisure and recreational interests. One told us, "We try and arrange personalised activities depending on what the individual likes or engages well with."
- There was little evidence of people having friendships/relationships, but there was a similar service nearby which the home had events with. They had a friends and family barbecue for the Jubilee. Staff told us there had been a disco where they met other people.

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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. People's care plans contained in depth information about their needs, including an introduction for agency/new staff with essential information relating to health, communication, likes and dislikes. The information we read in the care plan was reflected in the care we observed.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. There was a dedicated wellbeing and engagement lead who chaired a monthly service user meeting.
- Staff knew the people well. They were aware of ways people indicated whether they were happy or not. For example, a member of staff told us they knew which people enjoy karaoke, "(person) likes a lot of movement

and grabs people for a dance." They told us if a person did not enjoy an activity that everyone were doing, staff would take them to another room to support with something else.

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.

- Staff ensured people had access to information in formats they could understand. For example, key worker monthly meetings were documented in picture format as well as written minutes.
- There were visual structures, including photographs, use of gestures which helped people know what was likely to happen during the day and who would be supporting them. Files included activity planners in picture format. Staff told us they would use gestures to offer choice, for example with what to wear and tell people who would be supporting them that day.
- People had individual communication plans/passports that detailed effective and preferred methods of communication, including the approach to use for different situations. Care plans included a communication profile with detailed instructions for staff on how to assist people. Care plans also included pictorial instructions. For example, we saw a wheelchair passport included a picture of the person's wheelchair and very detailed pictorial instructions on how to use it.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. A relative told us, "They are able to communicate with [person] in various ways." For example, staff explained how they supported a person to eat, "Placing your hand on his forehead lets him know to remain still so you can put the food in."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The complaints procedure was available in easy-read format. Families confirmed they were aware of the procedure, "If I needed to, but I've never had to raise a complaint."
- The service treated all concerns and complaints seriously. The service had not received any complaints at the time of our inspection, but feedback from families suggested this was because issues were addressed promptly, one relative told us, "Of course there have been concerns but never complaints because concerns are addressed."

End of life care and support

- No people were reported to be on end of life care at the time of this inspection.
- There was limited information in the care plans we reviewed relating to people's end of life wishes. However, conversations had been started with families and some people had funeral plans.

We recommend the provider seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their end of life care.

- A person had passed away recently, and people were supported to attend the funeral. There were plaques and rose bushes planted in the garden for people who had passed away at the service.

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.

At the last inspection under the previous provider this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had systems to monitor the service. We were not assured the systems were fully effective because we found training and competency data used unclear, and some of the processes to assess staff competency were informal with no documented evidence. However, the registered manager told us they were confident they had oversight of the service and planned to use an observational form which the provider had developed recently to record staff observations.

We recommend the service develop more robust processes for oversight and completion of staff training and competence.

- The provider completed a quality audit quarterly which generated an action plan for the registered manager with timeframes for completion. The April 2022 audit identified issues including training compliance, which the registered manager was working towards achieving. A different audit process was being implemented to include four per year, two would cover all five key questions and two would focus on quality of life. More time was needed to assess the effectiveness of this.
- The registered manager was supported by a clear team structure including a deputy and lead support workers with each person assigned an area of responsibility such as medication or health and safety. This included completing audits weekly or monthly and escalating concerns to the manager. Staff were assigned responsibilities for the day at handover such as the laundry, cooking or health and safety checks.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Each person had two key workers, overseen by a care co-ordinator. The care-coordinator was required to review care plans six monthly or when something changed.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. For example, the team minutes we reviewed told staff to encourage the service users who were mobile to walk around to help maintain their independence and mobility.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. A member of staff said, "I am always supported by my manager...[who] always listens and is very approachable...If I had to make suggestions which I make all the

time, I know [they] would listen to me." Families said the service was open to suggestions, one told us they were, "...very responsive, very flexible, very accommodating".

- Staff felt able to raise concerns with managers without fear of what might happen as a result. Staff told us they were aware of the whistle-blowing procedures but had not needed to escalate issues; one said, "If I ever do have any concerns though we just work through them."
- Management and staff put people's needs and wishes at the heart of everything they did. The manager wanted service users to be comfortable and happy and told us, "[you] see their faces when they have been out. They are so happy."

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

- People, and those important to them, worked with managers and staff to develop and improve the service. Families reported positive relationships. One relative told us, "I've got a very good relationship with the manager and deputy manager." One said, "I've emailed regarding positive feedback. I often get emails from [manager] about something [manager] wants me to know." Another told us a messaging app was used for communication.
- Staff encouraged people to be involved in the development of the service. There were monthly service user meetings. These included descriptions of reactions by people for example when asked if they enjoyed the food at the service people were smiling.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. Annual surveys were sent to families and whilst not all could remember being asked for feedback, the high level of ongoing communication suggested families felt a more formal approach was unnecessary.
- Staff meetings were held monthly. We reviewed minutes and saw they included updates about each person as well as reminders about health and safety, training etc and updates on recruitment. Staff told us, "We all get on really well here. We have regular team meetings where managers keep us informed of any changes."

Continuous learning and improving care; Working in partnership with others

- The provider invested sufficiently in the service, embracing change and delivering improvements. They acted in response to feedback from the local authority; there was an environment action plan which detailed refurbishments to the bathrooms and further improvements planned.
- The registered manager felt supported by the provider, having highlighted work that needed doing around the home and garden which were being addressed.
- The registered manager was responsive to our findings during the inspection. For example, they told us they would use an observational supervision form recently introduced by the provider to evidence their assessment of staff competencies.
- The service worked well in partnership with advocacy organisations and other health and social care organisations. We saw referrals made to other services, for example following a fall from their wheelchair a person was referred to occupational therapy. The person was re-assessed, and the wheelchair replaced.
- Professionals gave positive feedback about the service. One told us, "They referred clients and their issues in a timely manner...and have worked collaboratively with our service."