Southdown Housing Association Limited

South Farm Road

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
South Farm Road is a Supported Living Service providing personal care and support to people living in their own home. People living at the service had a learning disability and complex needs including physical health needs and behaviours that challenge. At the time of inspection 6 people were receiving a service from one location.
Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People were tenants in a shared house in a residential street. Each person had a tenancy agreement with the landlord. The property was over two floors and had been adapted to meet the needs of people who lived there. People had their own bedrooms and bathrooms and shared the communal kitchen and dining room.

People's experience of using this service and what we found
Staff understood their responsibilities for safeguarding people and the manager was quick to respond to safeguarding concerns. Risks to people's safety had been thoroughly assessed, monitored and managed so they were supported to stay safe. People received support from a skilled and consistent team of staff who knew them well. People received their medicines safely and were safe as a result of good infection prevention and control.

There was a person-centred culture evident within the service. The manager and staff were motivated and proud of the service they provided. Staff had received the training required to support people's needs. People were supported to have enough to eat and drink and to access health care services. 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.

People were treated with dignity and compassion by a kind, caring team who understood people's individual needs, choices and preferences. Peoples care plans were clear and detailed to guide staff in how to support people safely and in the way they preferred. People were involved in making decisions about their care and staff ensured their voice was heard through utilising varied and effective methods of communication tailored to individuals needs.

The management team had good oversight of the service and a clear vision for the future. Staff felt supported, valued and able to share their opinions. Staff received supervision and were encouraged to develop their knowledge and skills. Systems and processes were in place to monitor the quality of the service being delivered and lessons learned when things went wrong. Staff enjoyed working for the service and the enthusiasm from the team impacted positively on the people they supported.

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 guidance CQC follows 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 the underpinning principles of Right support, right care, right culture.

Right support:
• Care and support was planned to ensure people had a good quality of life. People were supported to make choices about where they go, what they do and to follow their own interests. People could access the local community and local health services. People were supported to maintain relationships with people who are important to them, and prior to the current pandemic, could visit people outside their home and have people visit them.

Right care:
• Care and support planning documents were person-centred and promoted people's dignity, privacy and human rights. The service focussed on peoples strengths and used a positive risk taking approach when considering what support people needed to help keep them safe. People had unrestricted access to their home and their own rooms which promoted privacy and dignity. The service worked to ensure that people's human rights were met and supported people to understand they have the same rights and responsibilities as other citizens.

Right culture:
• The manager and staff at the service demonstrated values, attitudes and behaviours which supported people to lead confident, inclusive and empowered lives. Staff had received specific training to meet the needs of people with a learning disability and spoke passionately about people and the care and support they provided. The service promoted an open and transparent culture which encouraged people and their families to share their views and make a complaint.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 25 November 2019 and this is the first inspection.

Why we inspected
This was the first inspection for this newly registered service. CQC is required to inspect newly registered services under its inspection protocol.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

We have made a recommendation about end of life care and support.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

South Farm Road

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was undertaken by two inspectors. Both inspectors attended the site visit.

Service and service type
This service provides care and support to people living in one supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a full time manager who was in the process of registering with CQC as the registered manager for the service. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced.
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. This was also to establish the safest and most appropriate way of carrying out our inspection visit during the COVID-19 pandemic.

What we did before the inspection
We reviewed information we had received about the service since it was registered. This included insurance documentation, accident and incident records, people's care and medication records, staff training records, quality assurance documents and information about complaints. We sought feedback from the local

authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff including the manager, senior care worker and care worker.
We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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 and sent to us prior to inspection. We looked at training data and quality assurance records. We spoke with two professionals who have had regular contact with the service.

Good

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
•There were systems and processes in place to safeguard people from the risk of abuse. People told us they felt safe and liked living at the service. We were told "I do feel safe, I'm happy here, we are a happy bunch."
•Staff had completed safeguarding training and knew how to identify signs of potential abuse. Staff were aware of how to report concerns and had access to the safeguarding policy.
•The manager had good knowledge of their role and responsibilities in relation to safeguarding and had notified CQC of an incident of alleged abuse for which the appropriate actions had been taken.
•People were supported to understand what keeping safe means and were encouraged to raise concerns to staff.
•During the inspection one person told us they had raised a concern with the manager and gave consent for us to discuss this with them. The manager had taken immediate action and reported the incident to the appropriate authorities.

Assessing risk, safety monitoring and management
•Staff had good knowledge of people living at the service and were aware of peoples risks and how to manage them. For example, when managing behaviours that challenge, there were clear plans in place which identified triggers and person-centred approaches to keeping people safe.
•Detailed risk assessments were in place to provide staff with sufficient information to manage risks. Risk assessments had been regularly reviewed and provided clear guidance on how risks could be reduced. For example, one person who had been assessed as being at risk of exploitation from using the internet had regular sessions with staff to review privacy settings and discuss guidance around internet safety. This enabled the person to continue using the internet safely and maintain regular contact with friends and family.
•Risk incidents were frequently reported and reviewed by the manager. Staff were aware of the reporting process and there was a system in place to record incidents. Where accidents, incidents or near misses had occurred these had been reported to the manager and documented correctly.

Staffing and recruitment
•Staff were recruited safely. Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS).
•There were enough staff to support people safely. One person told us they thought there was enough staff "most of the time there is a staff member available to take me where I want to go". Staff told us that sometimes the service was short of adequate staffing due to staff holidays and sickness, however stated they were confident the management team were working to address this.

•Staff told us the team had relevant skills and qualifications to support people. We observed staff supporting people in communal areas. We were told and we observed that the service had a consistent staff team and did not need to use agency or bank staffing. The manager told us that to manage any shortfalls or gaps in the rota, the staff had been happy to pick up additional shifts.

Using medicines safely
This KLOE is for services that administer medicines as part of providing a regulated activity.
•Medicines were managed safely. There were detailed and up to date care plans in place for medicines which informed people and staff about the medication they were taking and why.
•Staff had completed medicines training and had been assessed as competent before giving people medicines. Staff had completed annual training updates to refresh their knowledge.
•There were processes in place to ensure the safe storage, disposal and administration of medicines. These processes identified any shortfalls and recorded actions to put them right. It was observed one occasion that an action had not been followed through. This was discussed with manager who acknowledged the error and immediately identified what could be done to reduce the risk of it happening again.

Preventing and controlling infection
•The service was following infection prevention and control procedures to keep people safe.
•The infection prevention and control practice we observed during inspection was in accordance with government guidance. The service was clean and hygienic, regular cleaning was taking place and there were systems to ensure this was completed.
•The manager had assessed the risk of COVID-19 at the service and there were plans in place for people which considered individual risk, visitors and accessing the community.
•COVID-19 testing was being carried out in accordance with government guidance and infection prevention and control policies had been updated.
•The manager had assessed the risk to people and staff around the use of personal protective equipment (PPE) and considered the available options around people's needs and requirements to keep people safe. Staff were observed wearing facemasks and had available PPE for use if supporting someone with personal care.

Learning lessons when things go wrong
•Action was taken following accidents or incidents to help keep people safe. Accidents and incidents were recorded and regularly reviewed by the manager and provider. This ensured action was taken to reduce the risk of reoccurrence and that lessons were learnt and shared with the team.
•The manager worked collaboratively with people, relatives, professionals and staff to continuously improve safety for people. Information about people's behaviour was collated to recognise themes and patterns which was then used to update support and management plans. Issues were addressed promptly, and any changes made cascaded to the staff team to implement in a timely way.
•Staff had reported an incident where an unauthorised person had entered the property. This incident was reviewed by the manager who took action to update the security protocols within the service. This ensured that people were safe from unauthorised people entering the property and provided a valuable learning opportunity for the team.

Good

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
•People's needs were met by a holistic approach to assessing, planning and delivering care and support. People had comprehensive assessments of all aspects of their health and wellbeing to ensure their needs could be met.
•Assessments were clear and gave details of people's needs and preferences. Protected characteristics under the Equality Act such as disability, ethnicity and religion were considered in the assessment process. People had access to technology and equipment that met their assessed needs.
•A range of assessment tools were used to ensure people received care and support appropriate to their needs. This included the Positive Behavioural Support (PBS) approach to managing behaviour. PBS is a person centred framework for providing long-term support to people with a learning disability who have, or may be at risk of developing behaviours that challenge. People's behaviour was assessed to identify triggers and early warning signs that may lead to behaviours that challenge. Interventions to manage these were included within their support plan. This ensured that peoples diverse needs were considered and promoted within their care.

Staff support: induction, training, skills and experience
•People received care and support from a staff team who were well trained and supported. Staff had the knowledge and skills to meet people's needs.
•Staff had access to regular training as well as training that met people's specific needs. One person was diagnosed with epilepsy, staff had received training in how to manage the condition and administer medication that would control symptoms in the event of a seizure.
•Staff were encouraged to develop their skills, knowledge and abilities to ensure all staff had the competence to carry out their role.
•New staff received an induction in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides staff new to care with the expected level of knowledge to be able to do their job well. Staff told us that they had received a good induction, which included shadowing other staff working with people and access to detailed information about how people wanted to be supported.
•Staff received regular supervision and an annual appraisal. Staff told us that their supervision was supportive and provided opportunities for feedback on their performance as well as areas for personal development. One staff member told us they felt they had progressed in their role since starting with the company and felt proud of the support they provided each day.

Supporting people to eat and drink enough to maintain a balanced diet
•People were supported to eat and drink enough to maintain a balanced diet. People were encouraged to

write their own shopping lists and choose foods they preferred. Most people completed their shopping online and had their food delivered weekly, and were encouraged to prepare meals themselves with staff support when required.
•Some people were supported to maintain a healthy weight and care plans identified how staff should support them. One person told us their keyworker helped with the support plan for managing their diet, "she (carer) helps me plan my diet because I have pre-diabetes."

Adapting service, design, decoration to meet people's needs
•People were supported by the manager to create an environment that met their needs. The decoration and adaptations made to the environment supported people's individual needs and promoted independence. The property was fully accessible for people who used a wheelchair.
•People's bedrooms were decorated to their own tastes and included personalised items and possessions. People told us the manager had made positive changes and purchased furniture and decorating materials for people to update their rooms.
•Communal areas were small but homely. Staff and people were working on updating the décor to reflect the ages, personalities and personal interests of everyone who lived there.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
•People were supported to live healthier lives and attended appointments with health and social care professionals. Records showed that people had detailed health assessments and health action plans. For example, people received regular input from chiropody and diabetic teams and received an annual health check in accordance with best practice.
•There were systems in place to maintain continuity of care across healthcare providers. Each person had a hospital passport. This helped to ensure other professionals would have the information they required about the person if they were admitted to hospital.
•Where people had complex health or communication needs, staff sought to improve their care, treatment and support by implementing best practice measures. For example, one person with communication needs had a communication passport which helped others understand how to communicate with the person effectively.
•Staff liaised effectively with other organisations and teams and referred people to health and social care professionals when needed. Records showed the referral and advice received from a psychiatrist reflected in one persons support plan. This included strategies for staff when supporting the person with emotional needs.
•Records were kept about health appointments people had attended. Support plans and daily notes confirmed guidance provided by health care professionals was implemented. For example, people participated in activities designed to keep their minds stimulated and promote their wellbeing.

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.
When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

•Staff had received training in MCA and demonstrated a good understanding of their responsibilities. One staff member told us "It's my job to help people to make informed choices, as stated in the Mental Capacity Act 2005."
•Staff spoke of the need to presume people had capacity to make decisions and how they support them to do so. Staff told us they used visual aids and prompt cards to assist people when making decisions and acted to ensure people were supported in the least restrictive way.
•People's care records and assessments included information about their capacity to make decisions regarding specific aspects of their lives such as managing their finances or medications, and any best interests decisions made had involved the appropriate people.

Good

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 cared for with kindness, respect and compassion by a consistent staff team who knew them well. Staff were compassionate and caring and shared a passion for ensuring people were happy and content with their lives. Throughout the inspection we observed positive relationships between people and staff; interactions were warm, friendly and pleasant.
•Staff respected people's individuality and treated people fairly. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices. Care plans reflected people's abilities and what they were able to do for themselves. For example, one person told us they were going to a centre where they could do activities such as art, cookery and music. This was because they wanted to learn how to cook for themselves so they could be more independent.
•People and professionals told us that staff knew them well and they were treated and respected as individuals. A healthcare professional told us staff were "kind, warm and knowledgeable" about their client, having met the staff member while supporting the person to an appointment.

Supporting people to express their views and be involved in making decisions about their care
•People were involved in decisions about their care and influenced decisions about the running of the service. This included the environment, meals, activities and social opportunities. One staff member told us that, "(person) is involved in writing their support plans, they tell us what they do and do not want."
•People were central to discussions about how they wanted to receive their care and support. Staff had a good understanding of people's communication needs; this knowledge was used to support people to make choices and decisions. For example, one person had a white board in their bedroom with pictures of staff members and days of the week. They explained that they liked to arrange the photos so they knew who would be on duty and when. This meant they could plan their day and approach their preferred staff member to assist them with an aspect of personal care at a time that suited them.

Respecting and promoting people's privacy, dignity and independence
•People's dignity was respected by staff. People were supported to have choice and control over their lives. People's personal information was held securely and only shared where this was in their best interests.
•People's privacy was respected by staff who understood its importance. One person told us staff respected their privacy stating they, "always knock before entering so I can get dressed before they come in." We observed staff knocking on people's doors and asking permission before entering their rooms.
•People were actively promoted to be as independent as possible within their own capabilities. People were supported to maintain their own environments by completing laundry and household cleaning tasks. One person was attending college and receiving singing lessons and had been encouraged by staff to follow their

dreams and enter and popular TV talent contest.

Good

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 received personalised care and support that promoted their physical and mental wellbeing and enhanced their quality of life. Care and support plans were person centred. Information was detailed, up to date and provided clear guidance for staff. Preferences and choices were clearly documented in people's care records. When people's needs had changed support plans had been reviewed and updated to ensure that people's needs continued to be met.

•People were supported by staff who had the skills and experience to meet their needs. Staff worked with people to find ways to provide support to meet their individualised needs. For example, one person had a support plan which informed staff how they liked to receive their medicines. This promoted independence and gave the person some control so medicines were more likely to be accepted to maintain their health and wellbeing.

•Staff had an excellent understanding of people's needs; they used this to support people to achieve their goals. For example, one person attended a computer class each week and was supported by staff to practice new skills on their own technology.

•Staff knew people well and were focussed on supporting them to lead full and active lives. People were able to access the local community and staff supported them to maintain links, one person regularly attended Scope to maintain relationships that were important to them.

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 provider complied with the Accessible Information Standard. Information was available for people in a way they could read or understand. Health and communication assessments were completed using easy read materials which were inclusive and enabled people to be involved in their care. People's preferred methods of communication were clearly identified within individual care plans.

•Some people had communication needs. Staff were skilled in identifying non-verbal signs and signals and supported people to communicate using communication techniques unique to the person. One person communicated with staff by showing particular behaviour when becoming upset. This was used by staff as an indicator to intervene in a way which would reduce the persons distress.

•One person with a communication need, who found it difficult to express their emotions used an emoji book to communicate how they were feeling. This demonstrated how a person's unique communication methods enabled them to make their thoughts and feelings known to others.

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
•Although peoples lives in recent months had changed due to the global pandemic, people were still encouraged to participate in activities where they had opportunities to form community connections and practice their hobbies. People were supported to safely access community settings that met COVID-19 lockdown guidance such as shops, pharmacies and college. Staff respected peoples individuality, diversity and cultural needs and encouraged people to sought new experiences and opportunities to enhance their lives.
•One person was receiving singing lessons, an interest they had chosen to pursue. Another enjoyed time out with staff in a local coffee shop. All activities had been risk assessed and had support plans which reflected this.
•People were actively encouraged and supported to maintain relationships with friends and family. One person told us how they were able to visit a friend who was very important to them. Visitors and social interactions were encouraged, and people were able remain in contact outside of these times through telephone, social media and video messaging.

Improving care quality in response to complaints or concerns
•The service had a complaints procedure which people were aware of. We were told by people they, "knew it was their right to make a complaint."
•During our inspection the manager informed us of a complaint she had recently received from a person living at the service. Appropriate action had been taken to investigate the complaint and actions were taken to reduce the chance of future reoccurrence.
•The manager worked to resolve any complaints when they arose. They described using complaints as an opportunity to learn and make improvements at the service.

End of life care and support
•At the time of inspection there was no one living at the service receiving end of life care.
•End of life care and support was discussed with the manager, it was established that people's thoughts, wishes and future plans had not been discussed with them.
We recommend the provider consider current guidance on end of life care and support and take action to update their practice accordingly.

Good

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 told us they felt the staff and manager supported them to achieve their goals. One person told us they were able to go out alone and would like to live in a more independent way with less staff. "I am planning to move out and have a flat with less help, The staff are supporting me, they know I want to move out." Another person told us they wanted to buy new furniture for their room, we observed them discussing this with the manager and planning a trip to a furniture store once the COVID-19 restrictions were lifted.
•Staff demonstrated good knowledge of people, their lives and previous experiences. The manager encouraged staff to work with people in developing support plans which focussed on achieving good outcomes. One staff member told us "they (manager) gives us a sense of responsibility".
•Staff were committed to providing a person-centred approach for people and stated they had the support from management. One staff member told us "the manager here is a really good fit for our service, it's refreshing, they get on with the clients and have made a lot of positive changes". Another person told us "they really listen to the staff".
•The manager was open and honest about the areas within the service that could be improved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
•The registered manager promoted transparency and honesty. Staff confirmed they always felt able to speak to any of the management team. Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission.
•When things had gone wrong the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•The manager had clear oversight of the running of the service. They were able to provide in-depth information about people's needs and had a thorough knowledge and understanding of the running of the service and a vision for how the service is moving forward.
•The manager provided leadership for the team and staff understood their roles and responsibilities.
•Staff performance was monitored to ensure policies and procedures were being followed. Staff had one to one supervision and had opportunities to discuss their learning and development needs. Staff told us that the manager was supportive both personally and professionally.

•The manager had quality assurance systems in place to ensure that staff continued to give good quality care. As well as having their own local systems the service was overseen by the Quality Systems Manager who completed an external audit every 3 months and shared the results with the manager.
•Accidents and incidents were recorded via an electronic system and the manager was notified in a timely way. The manager reviewed all accidents and incidents and shared any feedback or learning with the individual involved or the team.
•The manager understood their legal duties and sent notifications to CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, continuous learning and improving care, working in partnership with others
•People had opportunities to be involved in and offer their views regarding the running of the service. One person told us that although resident meetings were on hold at present due to the global pandemic, people felt the manager kept them informed of any changes "we always have a chat about what's going on and they let us know if anything is changing".
•The manager had worked to improve the service since they started in post two months before our inspection. Changes had been made to the rota which meant staff could spend more one to one time with people and a daily planner had been implemented to ensure that routine tasks were completed, for example cleaning of communal areas and medication checks.
•The manager and staff had been receptive to feedback during the inspection and were happy to review any processes where improvements were required if this would enhance the quality of care people received.
•There was a positive workplace culture. Although regular staff meetings were on hold due to the global pandemic staff felt informed and told us communication was good amongst the team. Staff told us that they felt valued and listened to by the management team and were encouraged to share their ideas. Staff received weekly updates from the organisation regarding what was happening in the company and the other services under the same provider.
•The service worked in partnership with other agencies. These included healthcare services as well as local community resources. Records showed that staff had contacted a range of health care professionals. This enabled people's health to be assessed so they received the appropriate support to meet their continued needs.
•The manager and staff worked in partnership with other professionals and organisations. They were supported by the provider and had access to video conferences with Public Health England and other support networks. Information was shared with the team, and when new ways of working were introduced these were reviewed through discussions with staff and their local quality assurance processes.