

Rdential Ltd

Haversham House

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

Haversham House is a residential care home providing personal care to three people at the time of the inspection. The service can support up to five people.

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

Right Support

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. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

The provider worked with people to plan for when they experienced periods of distress so their freedoms were restricted only if there was no alternative. Staff did everything they could to avoid restraining people. Staff recorded when they restrained people, and they learned from those incidents and how they might be avoided or reduced.

The provider gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way which achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

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. 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. 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 received care that supported their needs and aspirations, was focused on their quality of life, and gave people opportunities to try new activities that enhanced and enriched their lives.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

Rating at last inspection

This service was registered with us on 14 January 2021 and this is the first inspection .

Why we inspected

This inspection was prompted by a review of the information we held about this service and in part due to concerns received about people's and staff safety. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people or staff were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haversham House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Haversham House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Haversham House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Haversham House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because we wanted to find out the best way to support people living at the home when we inspected, so they were less anxious.

What we did before the inspection

We reviewed information we had received about the service since they registered with The Care Quality Commission. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time seeing how people were cared for by staff. We spoke with two people who lived at the home and four relatives about their experience of the care provided. We spoke with two health and social care professionals about the quality of care provided to people.

We spoke with eight members of staff including the registered manager, senior and support staff. We also spoke with a clinical consultant employed by the provider who regularly provides support to people and staff.

We reviewed a range of records. These included three people's care and health plans and multiple medication records. We looked at three staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, For example, how incidents were managed when people had been anxious, safeguarding records, audits, compliments and policies and procedures. We saw menu planners and records of things people enjoyed doing. In addition, we checked governance arrangements in relation to the management of the premises and infection control, such as risk assessments and fire management.

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 of this 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 kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff well with other agencies to do so.
- Relatives were confident staff would promptly take action to protect people, should this be required.
- Staff were sure if they raised any concerns about people's safety they would be promptly addressed by the registered manager and senior staff.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- People were supported to be involved in managing risks to themselves and in taking decisions about how to keep safe. Staff gave us examples showing how, as people's confidence increased, they were able to tell staff what support they needed to ease their anxiety and stay safe. This reduced the instances where people were exposed to risk.
- Staff helped keep people safe through formal and informal sharing of information about risks. Staff took an open and inclusive approach to seeking advice from other health and social care professionals, and followed their advice, to reduce risks to people further.
- People's care plans and risk assessments reflected their current safety and well-being needs and gave detailed information to staff on things which may cause people anxiety, or effect people's safety. The registered manager planned to expand some of the guidance available to staff within people's care plans, so staff had more detailed information to assist them to support people to manage their risks.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.
- Staff made every attempt to avoid restraining people and did so only when de-escalation techniques had failed and when necessary to keep the person or others safe.
- After staff used restrictive practice, they took part in post incident reviews and considered what could be done to avoid the need for its use in similar circumstances

Staffing and recruitment

- There was enough staff, including for support for people to take part in activities and visits how and when they wanted.
- Senior staff considered staff skill mixes and people's support preferences when planning who would work with people. This helped to ensure people's choices were respected and people were consistently provided with care from staff who had the range of skills required to meet their needs.
- Staff recruitment and induction training processes promoted safety, and included pre-employment

checks, such as obtaining references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to have their medicines as prescribed by staff who had been trained to do this.
- People could take their medicines in private when appropriate and safe.
- The service provided 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) and advocated for people, to ensure their medicines were reviewed by prescribers in line with these principles. Relatives gave us examples showing how they had been involved in reviews of their family members medicines, along with staff and people's GPs.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.

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 supporting people living at the home to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely. Staff gave us examples showing how they initially used social stores to reduce people's initial anxiety when staff began to use PPE.
- 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.
- There were no restrictions on visiting arrangements and people's friends and family were able to visit in line with current guidance.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. This included where people had been anxious.
- Staff knew how to raise concerns and recorded incidents and near misses and this helped keep people safe.
- The provider and staff recorded any use of restrictions on people's freedom. Managers reviewed use of restrictions with other health and social care professionals, to look for ways to reduce them, and to prevent injury to people and staff. Staff were an integral part of this process. One staff member told us because of this, "It's a nice place. I feel safe and sound to be working here."

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 of this 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

- Staff completed a comprehensive assessment of each person's physical and mental health either before, on admission or soon after.
- Relatives confirmed their views were considered when their family member's needs were assessed, and they highlighted staff took the time to understand people's behaviours. One relative told us prior to their relative moving to Haversham House, staff travelled a considerable distance to spend time with their family member and meet their existing staff. The relative said, "The transition made a really big difference. Staff went down to work with them, and the same staff worked with them when they moved in. They already had relationships, and it definitely helped [person's name] to settle in. It made such a difference."
- Another relative told us their family member's initial assessment had been, "Phenomenal because they [staff] asked so many questions, involved [person's name] previous placement staff and Haversham House staff were proactive and interested."
- People's plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, human rights and all restrictive interventions.
- Relatives were positive about the way staff used their skills and knowledge when caring for their family members. One relative told us their family member was often anxious, and said, "Staff seem to know how to approach them. They [staff] think ahead and understand [person's name] needs."
- Staff received support in the form of continual supervision and recognition of good practice.
- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals living at Haversham House.

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. Relatives and staff gave us examples showing how people had gained their desired weight since moving to the home.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.

- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

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 attend annual health checks, health screening and primary care services. Staff worked with people, relatives and other health and social care professionals to find the best way to support people to engage with health services. For example, by planning health professionals' visits to Havesham House, if people were anxious when attending GP surgeries.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One relative gave us an example showing how their family member had been empowered to take up vaccinations for the first time, as a result of the co-ordinated support they received from staff and other health care professionals. The relative said, "We could not believe they managed to do this. Staff got a team together and spoke with the GP practice to plan it all. It was so caring."
- Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. One health and social care professional we spoke with told us, "The staff and management are quite experienced and raise any concerns promptly and involve us and the families. They provide a very good quality of care, absolutely follow advice and always clarify if they are unsure of anything."
- Multi-disciplinary team professionals were involved in plans to improve each person's care. This included specialists to support with people's anxiety and physical health.
- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs. One relative told us, "There's nothing not to like about the building. They [staff] have done everything needed, put in new blinds, bath and toilet. It has been done specific to [person's name] needs."
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. This included staff working carefully with people to ensure they had the individual levels of sensory stimulation within their rooms which was appropriate for them.
- The environment was homely and stimulating. This encouraged people to use different areas of the home to develop their skills and independence, for example, when choosing to spend time preparing drinks in the kitchen. The provider had also thoughtfully provided interesting and stimulating equipment in the garden for people to enjoy, which also helped people to maintain their health and fitness.
- One relative told us because of the facilities made available, "[Person's name] is so much less stressed, gets enjoyment, now cooks and likes the garden, and has communal space to do other things. [Person's name] world has been widened."
- The design, layout and furnishings in a person's home supported their individual needs. For example, people's rooms contained kitchenettes, their own bathrooms and living areas, so people could spend time quietly when they chose to do this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Relatives were positive about the way their family members were supported when key decisions needed to be made and told us they and other health and social care professionals were consulted. One relative said, "We always feel [person's name] best interest are at the heart of staff's thoughts."
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Systems were in place to seek and manage authorised DoLS applications, so people's rights would be promoted.

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 of this 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Relatives told us people felt valued by staff because they showed genuine interest in their family member's well-being and quality of life. One relative said their family member was cared for by a mixture of familiar and newer staff and said, "They [staff] are caring and they love [person's name], the newer staff, too." Another relative told us, "They [staff] are so supportive of [person's name] and me. I feel confident with them."
- Staff were patient and used appropriate styles of interaction with people. Staff members showed warmth and respect when supporting people.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful, such as loud noise levels, and when meeting other people and professionals.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. Staff were mindful of individual's sensory perception and processing difficulties.

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

- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff took the time to understand people's individual communication styles and develop a rapport with them.
- Relatives told us staff took appropriate action to support their family members so they were not anxious when being offered choices. One relative said, "[Person's name] gets options. They have a choice of two or three options given to them, so they and staff have control. It works for [person's name]."
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. These were supported by discussions with other health and social care professionals.
- The frequency of the care planning and risk assessment reviews reflected people's individual needs. One relative told us, "[Staff] have a dynamic approach to reviewing [person's name] care plans and risk assessments." The relative explained the frequency of care plan and risk assessments was varied, to reflect their family member's needs. The relative said, "We, staff and a psychiatrist discuss [person's name] needs then."
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics. For example, in relation to people's sensory needs. This helped people to enjoy enhanced well-being and safety, as people were empowered to communicate their choices to staff.
- Staff supported people to maintain links with those that are important to them. This included people's extended families.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. One relative told us how their family member was supported by staff and said, "It's brilliant. They [staff] have motivated them into doing things they have not done before. [Staff] support in a way which engages [person's name]. Their room is now spotless and they are proud of this. There is already a change in independence." The relative told us because their family member's confidence was growing, they were now able to shop more independently and able to ask retail assistance for items they wanted.
- Staff knew when people needed their space and privacy and respected this.
- People were supported by staff to maintain their dignity. For example, through adaptation to blinds and window treatments, to ensure their privacy was appropriately maintained.

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 of this 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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Staff welcomed the views of people, relatives and other health and social care professionals, so they could be assured care planning was robust, based on people's individual preferences and gave people the best opportunity to achieve what they wanted. One relative told "It's more about [staff] being proactive, we have made suggestions, but find they anticipated in advance what would be good for [person's name]".
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- People learnt the importance of personal care by following individualised learning programmes with staff who knew them well.
- The provider and staff met the needs of people living at the home, including those with needs related to protected characteristics. For example, the provider, registered manager and staff had worked together to support a person to continue enjoying watching films, by using information technology.
- The person's relative told us this approach had significantly reduced their family member's anxiety, increased their safety and promoted their well-being. The relative said how positive the consistent approach from staff had been and told us, "It is phenomenal, and beyond belief they were able to get this done."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand.
- There were visual cues which helped people know what was likely to happen during the day and who would be supporting them.
- People had individual communication plans which detailed effective and preferred methods of communication, including the approach to use for different situations.
- 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.
- Staff were trained and skilled in using personalised communication systems. This included using social

stories. This supported people when encountering new situations and helped people to manage their anxiety in situations they found difficult.

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

- Relatives and staff confirmed adjustments were made so people could participate in activities they wanted to. For example, one relative told us, staff supported their family member jointly with them during an activity, because of the person's anxiety. The relative said, "[Person's name] is able to have a better life and they are happy and relaxed. Staff being there helped. He has made progress. It puts a smile on his face when I think about it."
- People were supported to participate in their chosen social and leisure interests on a regular basis. One staff member told us, "It's different for each person. One likes to cook with staff. Others like to spend time in the garden, walk through the woods to the shopping centre, or make cards."
- Staff provided person-centred support with self-care and everyday living skills to people. One relative told us the care staff provided had made a material difference to their family member and said, "[Person's name] is in a really good routine now. Staff are very supportive about their well-being and how they look, and their nails are clean."
- People were supported by staff to keep in touch with others who were important to them and to celebrate key family events. This enhanced people's well-being.

Improving care quality in response to complaints or concerns

- Relatives were confident if they raised any complaints or concerns these would be promptly addressed by staff.
- Systems were in place to manage any complaints or concerns, should these be raised.

End of life care and support

- People's wishes at the end of their lives, such as religious observations preferences had started to be identified and recorded by staff.
- The registered manager and staff planned to work with relatives to ensure more detailed information on any end of life care and support wishes were fully explored. This would provide staff with the guidance they required to care people at the end of their life and ensure people's individual preferences were met.

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 of this 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

- The registered manager and senior staff spent time with people, family and staff discussing behaviours and values. Relatives told us this positive approach meant there was a culture at the home where staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- One relative told us because of the way the home was led, "The care is second to none. It should be used as a benchmark for homes that are desperately needed. I just wish there were more provision like this."
- The registered manager and senior staff worked directly with people, were approachable and took a genuine interest in what people, their relatives, staff, and other professionals had to say. This inclusive approach enabled them to adjust the care provided and to ensure people's needs and wishes were at the heart of everything they did.
- Staff felt respected, supported and valued by senior staff. This contributed to the development of a positive and improvement-driven culture, which focused on people's well-being. One staff member told us, "I would not want to change anything, because I can see the [people] improving." Another staff member said, "This is the best job I have had in care, because the management do support you, and so do the other staff. You don't feel pressured, because it is organised, and you are listened to. All of the staff here have big hearts."
- Managers promoted equality and diversity in all aspects of the running of the service, including staff recruitment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and an oversight of the care they managed. They undertook spot checks on staff practice, such as infection control, and to ensure people were treated with dignity and respect. The registered manager planned to develop a system to record these checks.
- The provider supported the registered manager by providing the resources required to maintain the home and drive improvements in people's care. For example, by providing funding for additional clinical support, on a consultancy basis. This gave the registered manager opportunities to reflect on people's care and decide the best way to develop their care further.
- Relatives were complimentary about the skills of the leadership at the home, and the impact this had on

their family members. One relative said, "We have had the most fantastic care, we cannot thank them [staff] enough. [Person's name] has trust in the staff, this has really gained momentum. We are really impressed with them."

- Staff knew and understood the provider's vision and values and how to apply them and were able to explain their role in respect of individual people without having to refer to documentation. One staff member told us, "[Registered manager's name] will tell us in meetings if anything needs to change, or if there are any concerns, and makes sure each of us understand our duties and our roles. We get immediate information at each [shift] handover."
- Governance processes were effective and helped to hold staff to account, keep people and staff safe, protect people's rights and provide good quality care and support. A robust system was in place for checking people received appropriate care, for reviewing any incidents where people had been anxious, and to ensure people received their medicines as prescribed.
- The registered manager understood what important events needed to be notified to The Care Quality Commission, and knew they were required to be open and honest in the event of something going wrong with people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, and those important to them, worked with managers and staff to develop and improve people's care and the service.
- Relatives told us their views were actively sought and listened to. One relative explained how their views were always considered during meetings which staff hosted with other health and social care professionals. The relative said, "We discussed what would be best for [person's name] and how to manage this. It was a team thing, and we made a united decision in their best interests."
- Another relative told us how staff had taken their views on the care their family member may wish to receive on board. The relative told us because these had been implemented, "They do a great job and keep [person's name] on a level."
- The registered manager had developed effective strategies for working with other organisations. This included robust preparation for meetings with well-being specialists and other health and social care professionals, where appropriate information was shared. This helped to ensure people would benefit from the best advice and support possible.

Continuous learning and improving care

- The management team had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. This vision had been embraced by staff, who were empowered to make suggestions to improve the care provided to people and to actively participate in de-briefing when people had been anxious.
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. For example, as a result of feedback at this inspection, the registered manager and provider were introducing enhanced checks on elements of staff recruitment documentation. This would ensure the registered manager and provider would continue to be assured risks to people were robustly managed, and staff appropriately supported.