

Mrs Christine Mouralidarane

# Rafael Home

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Rafael Home is a residential care home providing personal care to six people with learning disabilities at the time of the inspection. The service can support up to six people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received support from staff who were extremely caring, valued people and treated them with respect. Staff demonstrated a high level of empathy, understood people very well and gave priority to the things that were most important to people. Staff used a variety of imaginative methods to support people to express their views and make choices about their care and lifestyle. The service used technology in an innovative way so people could independently complete tasks they would otherwise need staff support for. Staff respected people's right to privacy and supported them to understand how and when their personal information would be shared, with their agreement.

People's care and support was highly responsive and tailored to their needs. The provider made adjustments where required to ensure people had equal opportunities to receive care and support that met their needs and to be involved in planning their care. The provider identified people's needs around end of life care in a person-centred way. People received support to identify and achieve their goals and there were many examples of the positive impact this had had on people's lives. Staff worked closely with people to make sure they understood the information they received. The provision of activities was exceptionally good and people had many and varied opportunities to pursue their interests, try new things and do their own research into activities they wanted to do. People had the support they needed to maintain relationships with their families and make new friends. Staff supported people to be an active and valued part of their community and practise their religious beliefs. The service was highly responsive to people's concerns, feedback and complaints.

The service had an empowering culture that promoted respect and inclusion, helped people understand their rights and made people feel valued. People were supported and encouraged to speak up about anything they were unhappy with and their feedback was used to continually improve the service. There was a clear leadership structure and staff understood their roles. There were systems to monitor quality and continually improve the service. This had led to a number of improvements which resulted in the rating being raised from good to outstanding. The provider worked to strengthen the service's links with the local community to give people better opportunities for social inclusion. The provider worked well in partnership

with others and the service was seen as a role model for several areas of good practice.

There were robust processes to protect people from the risk of abuse and to record and learn from incidents. People were safe because risks were assessed and managed in a person-centred way. Staff made sure the home environment was safe and hygienic. Medicines were managed safely. There were enough suitable staff to care for people safely.

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's needs were comprehensively assessed and staff supported people in line with relevant guidance and expert advice. Staff received the support and training they needed to provide effective care. People's health and nutrition needs were met and staff worked well with healthcare services to provide consistent care. The home environment was suitably decorated and adapted to meet people's needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 5 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-led findings below.

Outstanding ☆

# Rafael Home

## 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

This inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at the information we held about the service, including previous inspection reports and statutory notifications. Statutory notifications contain information providers are required to send us about incidents and other significant events that take place within 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.

#### During the inspection

We spoke with four people who used the service and three members of staff, including the deputy manager.

We also spoke with the registered manager. We looked at three people's care plans, two staff files and a range of other records including health and safety checks, policies and incident records. During the inspection we carried out observations of staff providing support to people.

After the inspection

We contacted two professionals who were familiar with the home to ask for their feedback about 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 this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were clear safeguarding policies. People and staff were aware of these and knew how to raise any concerns.
- People felt safe using the service, because they were aware of systems to protect them. The registered manager regularly asked each person if they felt safe and encouraged them to speak up about any concerns they had about safeguarding issues. One person told us, "The care I get here is very nice. I always feel safe."

Assessing risk, safety monitoring and management

- There were systems and regular checks to make sure the home was safe. This included having suitably qualified professionals visit to check fire safety and utilities such as the water supply. A feedback form from the Fire Brigade rated the service outstanding in terms of safety and contained the comment, "Fantastic fire safety arrangements – first class!"
- People were involved in making sure their home was safe and received support to understand personal safety precautions. This included regular fire drills and reminders about how to stay safe in the home. Staff regularly spoke with one person who accessed the community independently, to make sure they were aware of how to keep safe when crossing roads and interacting with the public.
- Staff knew how to protect people against risks specific to them. Each person had personalised risk assessments with detailed management plans. These identified the support each person needed to stay safe but also considered how to do this in as least restrictive a way as possible. In some cases, this included the use of equipment to monitor people's safety, for example a breathing monitor for one person to use at night to avoid the necessity of having staff in their bedroom. One person told us, "I feel very safe. Staff support me well [to keep safe]."

Staffing and recruitment

- There were enough staff to care for people safely. Throughout our inspection we observed staff responding quickly to people who needed support. Rotas showed safe staffing levels were met including at night and weekends.
- The provider carried out checks to make sure any new staff were suitable and safe to care for vulnerable people. These checks were ongoing as they used staff supervision meetings to make sure nothing had changed, for example checking if staff had any new criminal convictions.

Using medicines safely

- There were systems to ensure people received their medicines safely and as prescribed. Staff carried out daily checks of medicines stocks and checked whether each prescribed medicine was administered that day. Records showed these checks were effective and people received the medicines they needed.

- Medicines were stored safely in line with guidance. Staff made sure storage areas did not get too hot, which can affect how well medicines work.

#### Preventing and controlling infection

- Staff prepared food hygienically. The service received the highest possible food hygiene rating from the Food Standards Agency, which meant hygiene standards were very good.
- Staff were aware of infection control issues and best practice. They regularly discussed these at staff meetings. We saw staff using personal protective equipment such as gloves at appropriate times to help prevent infection from spreading.
- The home was in a clean and hygienic state. Staff used regular cleaning schedules to maintain this. They involved people in completing these, to promote independence and help people take an active role in keeping their home clean.

#### Learning lessons when things go wrong

- There was a robust system for recording and following up on when things went wrong. Records showed the provider took prompt and effective action to prevent incidents from happening again.
- The provider kept detailed and organised records and reviewed them regularly to help them identify any patterns or trends in incidents. For instance, one person experienced seizures and the records allowed staff to identify when their frequency increased and the probable cause of this. The provider was then able to support the person to seek appropriate medical intervention to address the cause of their increase in seizures.

# 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.

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

- People had a comprehensive assessment of their needs before they began using the service.
- The registered manager kept up to date with current best practice through a number of sources. They used staff meetings and one to one supervision to make sure staff understood how to deliver care in line with the latest guidance.
- People's care plans included information from healthcare professionals about how best to meet their specific needs. This helped ensure staff delivered people's care in line with expert advice and guidance.

Staff support: induction, training, skills and experience

- Staff received regular support to do their jobs effectively. They met with their line manager every six weeks to discuss their progress towards targets and any issues they were having at work.
- People received support from staff who were appropriately trained and knowledgeable. The training programme staff received was tailored to the needs of people using the service and included training about specific conditions people had.

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

- People had enough to eat and drink and enjoyed a suitably varied and nutritious diet. Staff monitored what people ate and drank daily to make sure this was the case.
- People were involved in planning menus. There was a choice of dishes for every meal and staff checked what people wanted before preparing the food. Staff made an effort to make food choices and presentation as attractive as possible to encourage people to eat well. One person told us, "The food is very good and healthy too."
- Staff monitored people's weight to ensure they had enough to eat and maintained a healthy lifestyle. Where this monitoring identified one person had become overweight, staff supported them to understand how to make healthy eating choices and the person then began to lose weight.

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

- Staff regularly shared information with other services that needed it to provide people with consistent care. This included a number of healthcare services. People had hospital passports, which contained detailed information about their needs and preferences, to share in the event of them being hospitalised.
- Staff also worked with people's advocates and social workers to ensure everyone who needed to know about people's care had the information they needed.

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

- The home was suitably adapted to meet people's needs. The home was easy to navigate and had facilities including a pleasant garden and areas where activities could take place.
- The environment was decorated to people's taste. People confirmed they had chosen paint colours and other décor themselves, and each person's bedroom was uniquely personalised to reflect their interests and preferences.

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

- Staff regularly reminded people at residents' meetings about how to keep healthy. For example, at one recent meeting they had placed an emphasis on the importance of oral care and made sure people understood why they needed to look after their teeth and mouths.
- Staff promoted a healthy lifestyle, supported people to understand risks to their health and encouraged people to take preventative action to stop them developing health problems. One example was when a person's family member was diagnosed with a health risk that was likely to be hereditary but could be managed with a healthy lifestyle, staff discussed the risk and preventative measures with the person because they were at increased risk of developing the same problem.
- Staff understood how to meet each person's individual healthcare needs. People received support to attend health appointments and staff gave examples of how they could tell if a person's health was deteriorating.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider worked within the principles of the MCA. They followed the correct processes to assess people's capacity to make decisions about their care and, where applicable, take steps to ensure decisions made on people's behalf were in their best interests. The provider individually assessed people's capacity to make each decision. This meant people had choice and control over their care because it enabled them to participate as fully as they could in the decision making process.
- Where the service deprived people of their liberty, this was done with the appropriate legal authority. The provider acted within a suitable timeframe to make requests to local authorities to renew any DoLS authorisations that approached their expiry date.

# 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 this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People, staff, relatives and outside agencies consistently fed back that the service was outstanding in this regard. This included both feedback we received as part of the inspection and 11 feedback forms the provider had collected in 2019, all of which rated the service outstanding in terms of whether it was caring. People told us, "[Staff are] very nice. I really like it here" and, "They are very good. They always listen to us."
- Staff understood and supported people's emotional needs, demonstrating high levels of empathy. For example, one person had a parent who had passed away and staff took time to research where the parent was buried so they could support the person to visit their grave as this meant a lot to them. We observed the registered manager identifying another person was feeling anxious by watching their body language. They then reassured the person and made sure they understood what was happening, and the person visibly relaxed.
- Staff continually fed back and validated people's feelings, showing people they were valued and understood. One example we saw was when a person who did not communicate verbally showed a member of staff a card with a picture of a witch on it. The member of staff showed the person where they had been preparing items for the house Halloween party. The person's body language and facial expression indicated that they were feeling excited about the party and staff responded enthusiastically to this.
- People received support from staff who knew them well. One member of staff told us, "I know [the people who use the service] like my family." People told us they felt comfortable with the staff because they knew one another very well. Staff confirmed they had a stable team and did not use agency workers, so people always received their support from familiar staff.
- Staff encouraged people to talk about their life histories, hobbies and interests to help staff understand people better and to help people feel valued and understood. Throughout the day we saw staff engaging people in conversation about things that were important to them. For one person this included talking about the pictures on their set of collectible cards and for another, discussing their family news and the person's plans to say a prayer for relatives at church.

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

- Staff used a range of communication methods to support people to express their views. We observed staff using pictures, objects of reference, signing and various styles of speech to communicate with different people. Staff listened and fed back to people to check they had understood them correctly.
- People and their families and advocates were strongly involved in planning their care. Because staff knew people's communication needs very well and were able to support them to express their views, people's own opinions were central to their care planning. For example, for one person who did not communicate

verbally staff used a set of very specific pictures with information about the person's care needs to help them indicate how they wished to receive care and support. Another person told us they were involved in making decisions about their medicines and said they signed to confirm they received their medicines every day. This helped the person feel empowered and in control of their care.

- Staff respected people's choices and found ways of making sure they were able to live the life they chose. For example, one person did not like conventional footwear and chose to only wear sandals, so staff supported them to search online to find the best quality sandals that would be durable in bad weather and could be worn with socks.
- Each person had a keyworker, a member of staff who had a responsibility to ensure that person's needs were met. Keyworkers worked closely with people to ensure they received support to make choices about their care. People were able to choose who their keyworker was.
- The provider welcomed the involvement of advocates to support people to express their views. Advocates were encouraged to give feedback about the support people received, which had been very positive so far.

Respecting and promoting people's privacy, dignity and independence

- The service used technology in an innovative way to promote people's independence. Staff had shown people how to use a voice activated 'virtual assistant' to access the internet and control electronic devices. This meant people could complete a variety of tasks independently that they would normally need staff support to do. Examples included looking up information about things they were interested in, playing music they liked and checking the weather forecast to help them plan their day.
- Staff promoted independence by supporting people to learn how to do household management tasks for themselves, such as cooking, cleaning and gardening. They continually looked at how they could support people to be more independent. For one person, this meant they now had their own refrigerator and kettle in their bedroom. The person also had an external door in their room leading to their own smoking area, which they kept clean and safe with staff support.
- Staff understood how to strike a balance between allowing people independence and giving them enough support to promote good quality of life. For example, one person used to go to health appointments independently but refused to engage with the healthcare provider and did not benefit from the appointments. Staff told us they now accompanied the person and the appointments were going much better.
- The provider placed an emphasis on promoting privacy and confidentiality. The registered manager respected people's right to keep their personal information private and when we asked to look at a person's care file, they took the person aside to discuss what this meant and ask for their permission to share the information. For one person who did not communicate verbally, they used pictures and objects of reference to help the person understand this. Another person told us staff always respected their wish to have private or alone time when they wanted to.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People, relatives, staff and external professionals consistently fed back that the service was outstanding in terms of meeting people's needs. Ten out of 11 feedback forms the provider received in 2019, including forms from a social worker and two healthcare professionals, gave this rating and people told us the same during the inspection.
- The provider went out of their way to make sure people's care was personalised and tailored to their wants and needs. They strongly encouraged people to speak up about what was important to them and what support they needed. One person had received support to write their own care plan about how their health conditions affected them and the support they wanted to meet their healthcare needs. Another person had a special set of picture cards related to their care needs to help them understand their care plan and be involved in care planning. People's care plans were regularly reviewed to make sure they were up to date with people's needs and preferences, and staff empowered people to lead the review meetings they held. This helped to ensure people's voices were heard and that care planning was focused on what was most important to the person at that time.
- The service supported people to work towards goals with measurable outcomes that enhanced their quality of life. For example, staff told us how they worked with one person who used to use a wheelchair because they refused to walk outside the home. The person no longer used a wheelchair and was now an active participant in community life, walking and using public transport because of the encouragement and support they received from staff. The service had an 'Amazing Things' book celebrating the achievements of the service and people using it. One person had written in the book about how they wanted to learn how to cook a dish they had seen on a cookery programme and staff had supported them to research the recipe, buy the ingredients and prepare the dish. People and their relatives were involved in reviewing their goals. One person's relative had provided feedback that the person was much happier, healthier and more sociable since they began using the service.
- Care plans were highly detailed and this attention to detail meant staff were able to provide care to people's exact specifications even if they were new and had not yet got to know people well. This included information about how people preferred to be supported in the bath or shower, support for one person to clean their glasses, people's preferred daily routines, the support people needed to access the community and how to meet people's religious needs. The provider had recorded if people had a preference to be supported for personal care by male or female staff.

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.

- People's preferences for how they wanted to receive information were explored as part of care planning. We saw staff using signs, pictures and objects to give information to people in a way they understood.
- People received key information about their care in a suitably adapted format. For example, the safeguarding policy and fire evacuation procedure were available in easy read format. Staff regularly made sure people understood these. People also received accessible reading materials which staff supported them to read at appropriate times about specific events. Examples included going to the doctor or dentist, and how to calm down when they felt angry.
- Staff made a special effort to make sure people understood the information they received. For example, after each residents' meeting each person who was able gave verbal feedback to confirm they had understood important information such as how to keep safe. One person was not able to communicate verbally and staff gave them an accessible feedback form after each meeting. Staff supported the person to go over the information again and confirm whether they understood and agreed with each topic discussed.

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

- Staff went out of their way to help people develop and maintain relationships and we saw many examples of this. We heard about one person who had no contact with their family since childhood and had no official documents. Staff supported the person to research their family and find out who their parents were. They also helped the person obtain a copy of their birth certificate and a passport, which meant they could go abroad for the first time in their life.
- The provider empowered people to do their own research and plan activities they were interested in. For example, they encouraged people to bring home any leaflets or information they saw about upcoming events or advertised activities while out in the community that caught their interest. Staff then supported people to understand the information and decide whether they wanted to try the activity, which the registered manager then arranged if people were interested. We saw a coach tour to Bath Christmas Market and a theatre show were due to happen within the next few weeks after people had seen information about them while out.
- Activities on offer were varied and stimulating. Within a period of a few weeks shortly before our inspection, people had taken opportunities to visit attractions in other cities and countries, go to a theme park, museum and zoo, grow their own vegetables, go for afternoon tea, visit a flower show, go strawberry picking and attend a magic show. We also observed staff encouraging people to talk about their interests and saw feedback from one person's advocate saying the person had made great progress with their participation in social and community activities such as church attendance since living at the home.
- Staff supported people to plan culturally appropriate events and celebrations. The day we visited was Halloween, and the home was decorated for the occasion. Staff supported people to prepare costumes and activities for the party they were planning later in the day, played appropriate music and films and prepared special party food. People also received support to plan parties for their birthdays and other occasions, such as a themed party for the football World Cup the previous year, which people told us they enjoyed.
- A variety of indoor activities was available at the home, reflecting people's tastes and interests. After people expressed a particular interest in art and crafts, the provider employed an arts and crafts coordinator to come regularly to the home and lead activities. People proudly showed us a wide variety of their completed art projects, which were displayed throughout the home. We also noted communal areas were decorated with flowers people had grown themselves. Other activities such as games and baking were available daily and the home had a summer house with various activity equipment for warm weather. People regularly attended a local gym, classes or employment to provide them with meaningful

engagement. One person told us they had a job which they enjoyed and found very interesting, and some people had recently taken art classes.

#### Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy, which was available in an easy-read format. Staff reminded people about how to complain at the regular residents' meetings and checked they understood the process and what it was for. People told us, "I know who to complain to. [The deputy manager] does change things if I ask" and, "[Staff] always do something if there's anything that's not right."
- At the time of our inspection, the service had not received any formal complaints. However, the registered manager told us they had received a number of compliments, which they used to drive improvements in the quality of the service because that helped them see what they were doing well.

#### End of life care and support

- At the time of our inspection, none of the people using the service were likely to require an end of life care programme within the foreseeable future. However, staff had explored people's end of life wishes and preferences with them in case the need should arise. This included religious and cultural needs, family involvement, and the type of funeral people would prefer including whether they wished to have flowers and whether they preferred burial or cremation.

## 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 this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service had an open, empowering culture with visible leadership. The registered manager encouraged people to speak up about anything they were unhappy with. On several occasions we observed the registered manager modelling respect and inclusion, for example asking people's permission to 'borrow' a member of staff who was supporting them for a meeting, and reinforcing the idea that the service was people's home and they had the right to make choices about what happened there.
- The registered manager spent much of their day speaking with people and staff and observing interactions. This allowed them to closely monitor the culture of the service and ensure staff were delivering care and support in line with their values.
- People had regular opportunities to discuss discrimination and how it affected them, for example if members of the public treated them differently because of their disabilities. This helped create a culture that made people feel valued and helped them understand their rights. One example we saw was where the provider had supported one person to recognise and safely respond to discrimination when travelling independently outside the home. This included explaining to police that the person's disability did not mean they were incapable of going out without staff.
- The registered manager had open and honest discussions with people when things went wrong. When people were involved in incidents, the registered manager spent time with them to talk about how they could support the person to prevent the incident from happening again.

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

- The registered manager discussed new and ongoing risks with staff at regular meetings to make sure they were aware of their roles in relation to risk management. A recent example was how to support one person to use the kitchen in a way that promoted independence but kept them safe.
- People and staff told us the staff worked well as a team and the registered manager worked well with the deputy manager to lead the service. One member of staff said, "[The registered manager] wants the best for everyone and is very good at delivering that."
- The registered manager understood their regulatory responsibilities, such as informing CQC about significant events. The service had clear policies and procedures to help staff understand their roles.

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

characteristics

- The service had regular residents' meetings, which were led by the residents and run in such a way as to ensure everyone's voice was heard. Notes from the meetings showed staff listened to what people said, valued their input and acted on their feedback. This included people who did not communicate verbally as the provider made adjustments to ensure they had an equal opportunity to contribute. One person told us, "They are nice meetings. I can say what I think." Another person said, "[The registered manager] is very nice. She is a good manager. She listens. The meetings are nice, because I can have my say."
- The provider also used the meetings to ask people using the service if they were happy with various aspects of the service they received, such as whether the staff were caring and respectful and whether they had enough choice about how they lived. The majority of the feedback was positive, and on two occasions within the last six months people had talked about things that had improved as a direct result of their feedback about things they were less happy about.
- The provider involved staff in the running of the service. They invited regular discussion and reflection about how they could provide a better service and listened to feedback from staff.
- The provider regularly sought feedback about the service from people, their relatives, staff and outside agencies via surveys. They asked people to give the service a rating based on CQC ratings to help them assess the quality of the service. Ten of the 11 responses the provider had received in 2019 gave the service a rating of outstanding for management and leadership.
- The service had become an important part of its local community. Local residents, friends and relatives often attended parties and other events at the home. Some people were churchgoers and, with the support of staff, had become valued members of their church community. One person told us about an event they had recently enjoyed at their church. The registered manager also told us how they supported people to help a member of the public by returning a valuable item the person had dropped and this led to a friendly relationship between that person and people using the service.
- The provider encouraged people to take pride in being active members of their local community. For example, they supported people to organise and invite their friends and neighbours to annual fundraising events, the latest being a charity coffee morning. This was well attended and raised a significant amount of money for the charity.

Continuous learning and improving care

- Staff kept records to a high standard about the care they provided. Records were well organised and stored securely. This enabled the registered manager to continuously monitor the quality of the care people received and whether they were achieving their desired outcomes. For example, the electronic care records system was able to produce graphs using people's data such as their weight, which the registered manager checked regularly to make sure people's needs were met. Records showed any shortfalls the registered manager's checks identified were resolved promptly.
- Staff recorded daily how well people engaged with activities and their feedback about whether they enjoyed them. They used these records when suggesting activities people might want to do at a later date.
- The provider had a robust governance system. Checks and audits were thorough and up to date. These showed the service was meeting essential standards of safety and quality including staff training levels, the quality of care records and safety checks. Staff told us the registered manager involved them in continually working towards better standards of care. One member of staff said, "[The registered manager] is a very good teacher and mentor, who is committed to raising standards for clients."
- The registered manager regularly checked several aspects of service quality and involved people in this. For example, they checked records to see how well people engaged with activities and then spoke with each person about this on a regular basis. The registered manager told us they paid special attention to people's facial expressions and body language to gauge their level of enthusiasm. The registered manager also spent time each day walking around the home to observe staff interacting with people and to check safety and

cleanliness standards, involving people where appropriate in making any improvements that were required. They encouraged staff to do the same and we observed a member of staff identifying a cleaning task that needed to be completed, which they then supported a person to do.

- Since our last inspection, when the service was rated good, the provider had made a number of improvements to the service which resulted in the rating being raised to outstanding. This included the introduction of new technology to improve people's quality of life, improvements to communication tools and the variety of social activities, and strengthened links with the local community. There was also clearer evidence of the service having a direct positive impact on people's quality of life and empowering people to be more in control of their own lives.

#### Working in partnership with others

- The service worked well in partnership with others to improve the care people received. For example, at the time of our inspection they were engaged in a piece of joint working with a healthcare provider to reduce the amount of medicines one person had to take.

- The provider engaged the services of outside agencies such as the Fire Brigade and the local pharmacy to help them assess whether people received safe and appropriate care.

- The service acted as a role model for others. Examples included a fire safety company and an advocate both taking examples of good practice from the service to other care homes.