

Heathcotes Care Limited

Heathcotes Lutterworth

View

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Heathcotes Lutterworth View is a residential care home. The service was a large home, bigger than most domestic style properties. It is registered to support up to eight young people from the age of 13 years and over. There were eight young people in residence.

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. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. People with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

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

People felt safe at the service. The provider had effective safeguarding systems and policies in place and staff were trained on topics related to health and safety, and safeguarding procedures.

Potential risks to people's health, safety and welfare were assessed, managed and monitored on an ongoing basis. Staff encouraged positive risk taking tailored to people's individual needs to promote their independence.

People were supported to maintain good health. People had enough to eat and drink and were involved in meal preparation and healthy eating. People were supported to take their medicines in a safe way and accessed health care services as needed. Health action plans were in place, so people's wishes as to unplanned medical treatment were identified. Procedures were in place for people to express their wishes in relation to end of life care.

Systems and processes were in place to ensure staff recruitment practices were followed and staff were trained to support young people using the service. People were cared for by consistent staff team who worked flexibly to meet people's needs.

The service applied the principles and values consistently 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.

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 family and relevant health care professionals were consulted as part of best interest decisions.

People lived in a purpose-built environment that met the needs of people with a learning disability and/or autism. Individual rooms with full en-suite facilities, choice of communal rooms and outdoor garden area promoted people's privacy 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 were involved in planning and reviewing their care which took account of their cultural and religious needs. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People's care plans and information was available in formats people could understand.

People were at the heart of the service as staff and the registered manager were committed to improving and providing person-centred, high quality care. Staff were creative and provided support to enable people to achieve their aspirations, skills and pursue their interests. Nationally recognised best practice guidance was used effectively to promote people's quality of life. People developed and maintained relationships with family and friends.

The registered manager had systems in place to monitor the quality of the service and were aware of their duties. People felt staff and management were approachable, acted on concerns and their views were sought to develop the service.

This service was registered with us on 13 February 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Heathcotes Lutterworth View

Detailed findings

Background to this inspection

The inspection

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

Inspection team

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

Service and service type

Heathcotes Lutterworth View 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:

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

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 reviewed the information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about.

We sought feedback from the local authority who monitor the care and support people receive and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three members of support staff and the registered manager and trainee manager. We also spoke with the regional manager who is responsible for supervising the registered manager for the service on behalf of the provider.

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 registered manager provider to validate evidence found. We looked at training information and the analysed quality assurance records.

Is the service safe?

Our findings

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

At this inspection this key question was rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and they said, "Staff look after me" and "Yes, the environment [makes me feel safe]." Relatives had no concerns about their family member's safety and wellbeing.
- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- Policies and procedures to promote young people's safety, safeguarding and equality and diversity were available in easy read format.
- Staff had been trained to recognise abuse and protect young people from the risk of abuse. They understood how to report any concerns if needed.

Assessing risk, safety monitoring and management

- People told us risks associated to their needs and safety had been discussed and they were confident staff always kept them safe from avoidable harm.
- Potential risks to people were assessed to ensure their safety and that of others was promoted.
- Comprehensive risk assessments were undertaken. Measures to reduce potential risk were individual to each person, this ensured unnecessary restrictions were not imposed and people's choice and freedom was respected and promoted.
- People's risk assessments were reflective of best practice. They guided staff as to how to support people when their behaviour posed a risk to themselves and others, using recognised practices known as Non-Abusive Psychological and Physical Intervention (NAPPI). NAPPI is British Institute of Learning Disabilities (BILD) accredited. NAPPI is a therapeutic and non-aggressive method of supporting people safely when their behaviours pose a risk.
- Records showed incidents of challenging behaviour and the support given to people was documented. This enabled staff to review the effectiveness of people's risk assessments.
- Staff were seen providing support to people when they became anxious or distressed, which was consistent with the person's risk assessment. For example, by supporting a person to move to a quieter room.
- Staff were aware of the trigger to people's behaviour and described the distraction techniques used in preventing further escalation. This meant staff rarely had to physically restrain people. Staff said they would use the least restrictive technique possible to manage people's behaviour and this was consistent with the training staff received.
- People's records evidenced the number of staff and the gender of staff people required to support them safely both within the service and the community.
- Individual emergency evacuation plans were in place to ensure people and staff knew how to leave the

premises safely.

- Regular checks were carried out on the premises and the maintenance of equipment which contributed to people's safety.

Staffing and recruitment

- Staff recruitment procedures were followed to ensure people were protected from unsuitable staff.
- All staff had an enhanced Disclosure and Barring Service (DBS) checks for adults and children and references had been obtained. DBS helps employers make safer recruitment decisions.
- A person said, "There are enough staff; they regularly check on me as I have seizures." A relative said, "There's lots of staff and they follow the assessed guidance [to meet people's needs]."
- A person told us they liked to know which staff were on duty and supporting them. The notice board in the dining room identified the staff allocated to support people each day. This assured people they had dedicated staff supporting them and to promote their independence.
- Staffing numbers took account of people's activities each day. This meant the number of staff and the gender of staff to support people in the service and within the community was considered, which ensured individual needs were met.

Using medicines safely

- People were supported with their medicines in a safe and timely way. A person said, "I have medication at 8am, lunch time, dinner time and at night, staff give my tablets with juice the way I want."
- Medicine systems were organised, and the provider was following safe protocols for the receipt, storage and disposal of medicines.
- People's care plans detailed the medicine they were prescribed and the reason for them, such as to manage anxiety. Care plans described how the person preferred to take their medicine, for example with water or juice.
- Some people were prescribed medicine to be taken as and when required, which was supported by guidance written by a health practitioner. We discussed with the registered manager further improvements could be made to the guidance for staff to follow on the use of medicine when people's behaviour posed a risk. They assured us care plans would be updated.
- Staff followed the people's risk assessment effectively to avoid the risk of challenging behaviours escalating thus eliminating the need for medicines.
- Records reflected people's health was monitored in response to medicines prescribed, which included the potential side effects for staff to look out for.

Preventing and controlling infection

- Staff had completed training on infection control and were aware of good practices such as hand washing techniques. Staff used disposable gloves, aprons and hand sanitiser when they supported people with personal care needs and to prepare meals.
- Posters about good hand hygiene practices helped to ensure staff and people using the service followed them. This protected people from acquiring infections.

Learning lessons when things go wrong

- Incidents and accidents were reported on a database. This meant the provider and the registered manager was able to analyse; identify trends and take action when needed.
- The registered manager shared examples of lessons learnt and the changes that had been made, for example, medicines supplied in individual biodose pots to reduce risk of errors.

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 this inspection this key question was 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

- Assessments of people's needs were undertaken by commissioners responsible for funding a person's care. The assessment enabled the registered manager to make an informed decision as to whether the service could meet a person's assessed needs.
- Assessments were comprehensive and reflective of the Equality Act as they considered people's individual needs, which included their age and disability. Information as to people's learning disability, autism and mental health were clearly documented and included information as to how this impacted on a person's day to day life and the support required. There was evidence of best practice guidance being used effectively.
- People and relatives were involved in the assessment and care planning process and confirmed they received the care and support agreed.

Staff support: induction, training, skills and experience

- Staff induction was comprehensive, included the Care Certificate standards and working alongside experienced staff, so new staff learnt how to support people. The training topics were deemed essential by the provider to meet people's needs and were based on the current legislation and nationally recognised best practice.
- Staff told us training was good. For example, by using positive behaviour support effectively people were able to learn new skills and live a more fulfilling life as a young person.
- We observed staff had the skills to support people effectively and sensitively, for example, when someone's behaviour towards a visitor was inappropriate.
- People told us staff were confident, trained and understood how to support them and they said, "Staff are well trained." A relative told us the consistent support given by staff had had a positive impact on their family member's ability to be more independent.

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

- People spoke positively about the food available to them. They said, "I make my own lunch and dinner; and can cook with support for the more difficult meals." And "The food is good, I like [take-away meals]. I like honey on toast for breakfast. I can have a coffee when I want one."
- People's dietary needs were recorded in their care plan, which included people's preferences, cultural diets, likes and dislikes which were implemented by staff. For example, a person chose to have gluten free diet, had their food stored separately in the kitchen.
- People were encouraged to make decisions about their dietary intake, which included grocery shopping and the preparation and cooking of meals with the support of staff.

- People were encouraged to eat together as a group with staff in the dining room, to support and create a homely and intimate setting for people to enjoy their meal.
- People's nutritional needs and potential risks associated with eating were assessed. For example, a person at risk of choking was encouraged by staff to eat slowly and we observed staff supporting this person at lunchtime consistent with their risk assessment.

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 access health care services as required. They said, "Staff would help me to book a GP appointment and staff would take me there, same with the dentist and the optician." And "I have a [health] check-ups every 6 months."
- A relative said, "Staff are very proactive; they managed to get an appointment with the GP the next day, and [GP] comes out straight away."
- Effective systems were in place which were understood by all. People's health action plans were kept up to date about individual needs, support with communication and medicines. This ensured people's care was both co-ordinated within the staff team and person centred to achieve the best outcomes for people.

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

- The service had been designed with the needs of people with a learning disability and/or autism who display challenging behaviour, including those with a mental health condition.
- The wide corridors and suitable flooring made it easy for people using mobility aids to move around. A number of external doors had a step to the outside. The registered manager told us adaptations would be made such as ramps to all the outside doors before someone with a physical disability moved in allowing them free movement around the home and to the garden.
- A person proudly gave us a tour of the home and said, "I like to play games; I go out with one to one [staff] support or spend time in the garden."
- People had individual rooms with full en-suite facilities. Several communal rooms for eating, relaxing and taking part in activities meant people were able to spend time together or alone.
- A large garden to the rear of the property was accessible to people and was secure. People were asked about developing the garden and outdoor furniture had been ordered.
- A relative said, "Lovely place and garden, nice transport risk assessed if they have extra support needs."

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).

- The service was working within the principles of the MCA and any conditions on such authorisations, were being met.
- Robust systems were in place to share information with others who had the legal authority to act on people's behalf. This included social care professionals who oversaw people's care and support under the provision of the Children's Act 1989.

- Mental capacity assessments and best interest decisions had been completed for individual decisions that people were unable to make for themselves, which included the involvement of family members, where appropriate or an independent advocate.
- Staff were aware of people's individual capacity to make decisions. Staff were seen offering people choices with regards to all decisions, which included accessing community activities.
- A person said, "I am totally independent, get myself washed and choose clothes for the day." Some people were aware of the restrictions placed on them and knew it was part of their care plan. A person told us how they couldn't access a room within the service and why.
- Staff adhered to good practice guidance and provided care consistent with their individual care plans, when a person's behaviour became challenging. This meant, the use of physical restraint when used was proportionate and used to keep people safe.

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 this inspection this key question was 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 told us they were respected and treated well. They told us staff listened to them and supported them as required. A relative said, "[Name] needs to be kept calm because [they] can react to noise and staff are aware and will look out for that."
- There was a very caring and friendly atmosphere in the service between staff and people. Staff knew people very well and were able to tell us about people and their lives and aspirations.
- The emotional support provided by staff had been developed by positive relationships based on trust and understanding between people and staff.
- Staff's ability to understand how people communicated was a key factor in providing the appropriate support when people became anxious or distressed. For example, interpreting people's body language or a change in their demeanour, enabled staff to intervene in a timely manner consistent with people's risk assessments and care plans.

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

- People's capacity to be involved in the development and review of their care plan had been assessed, where people did not have the capacity then best interest decisions were made, which in some instances involved family members and social care professionals.
- People told us they made decisions about their daily lives and the support they received. They said, "My care plan is in the office, [registered manager] would talk to me about it and make any changes." And "I talk to [support worker] about my plan and don't want to move."
- People told us they expressed their views about the care and they influenced changes to the service through residents meetings. For example, garden furniture had been ordered.

Respecting and promoting people's privacy, dignity and independence

- Everyone had their own bedroom with an en-suite facility, which was decorated and furnished in a personalised way.
- We saw staff respected and promoted people's privacy, dignity and independence.
- People said, "When I get up I have a shower and choose my clothes for the day." And "I can go to my room and be alone, staff would check on me from time to time."
- A person said, "If I'm in my room they would knock and wait, they call me down to the dining room at meal time." People's individual rooms were respected as their personal space and any intrusion by staff was based on people's risk assessments and care plans.
- Staff were proactive in responding to people when they became anxious. When someone became anxious

we saw there was a co-ordinated approach by staff, which was managed in a calm and dignified way to promote the privacy and dignity of the person.

- People's diverse needs, which included their disability and age were considered on a day to day basis. This ensured staff were able to support and meet people's individual needs.
- People's records were accurate, complete and legible. These were securely stored and were accessible to staff to enable them to keep them updated.

Is the service responsive?

Our findings

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

At this inspection this key question was 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 were at the heart of the service. There was continuity of staff and they worked flexibly. A person said, "I have a timetable and sometimes it gets complicated, but staff would be flexible."
- People looked relaxed and spent time doing things they enjoyed, such as playing checkers and colouring in books. One person was relaxing in the lounge and singing along with the song being played. Staff encouraged a discussion about the redecoration of the lounge. A number of suggestions were discussed between people and staff. This showed people making decisions about the changes to be made to their home.
- People were supported to achieve their individual goals. For example, a person who previously had not been able to eat in a restaurant style setting, was now able to do so with staff support and encouragement. Another person was on a healthy diet and exercise, so they could go horse riding again. These examples showed there was a positive impact on people's confidence and with the support of staff, they were overcoming their own personal barriers.
- Staff member said, "[Name] likes the trampoline, going to the disco walking and taking the bus into town to shop especially for clothes and haircuts."
- People's achievements were celebrated, photographs of people accessing the wider community were on display and individual certificates of achievement awarded, for example, a person alerted staff they saw someone was unwell.
- People's care plans included information as to potential triggers for a person's behaviour to become challenging, how staff were to avoid these potential triggers and clear guidance as to the pro-active approach in providing appropriate support.
- People's care plans included information about the use of technology to support and engage people. For example, games consoles, hand held devices and the internet used to interact with family and for stimulation.
- People's assessments were person centred and in line with nationally recognised best practice. They reflected all aspects of a person's care needs and included their personal history, past experiences and interests. People's individual choices and preferences were documented including those related to the protected characteristics to protect people against discrimination.
- Assessments were used to develop of person-centred care plans. The registered manager told us where possible people moved to the home in a planned way, so they could get use to the new surroundings and other people and staff.
- People's care plans were highly individualised and provided comprehensive information for staff on how to support people by encouraging people to take part in a wide range of community-based activities. For example, people used supermarkets during autism friendly times. This approach had a positive impact on

people's well-being because they experience social integration and benefited from reduced anxiety and behaviours became challenging.

- People were involved in the staff recruitment process which had a direct impact on the staff employed to work at the service. A person told us they would ask questions to see how the applicant would support them in different situations.
- Communication between the staff was good. Daily handovers meetings were supported with written records, which staff could refer to as needed.
- Education was provided in the form of individual tutors, who focused on a range of topics for those people who were supported under the provision of the Children's Act 1989.
- Staff respected people's personal space and to avoid unexpected loud sounds and noisy environments to reduce the risk of distress on people.
- We discussed with the registered manager about the specialist training for staff to enable them to support young people who have experienced isolation or trauma. This would give staff an insight and awareness into the different the emotions. This was promptly acted on by the provider's training department to identify suitable training for the staff team.

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 encouraged socialisation, to develop and maintain relationships in a number of ways. People's relationships with family members were encouraged, staff drove people to meet family members in the family home as well as welcoming family members to the service. People took part in community social events such as attending discos to forge new friendships.
- People were supported to develop and maintain relationships with families and friends. A relative said, "[Staff] always take plenty of photos and show us what [name] has been up to - answers everything."
- Relatives were provided with a written report about their family member's wellbeing. They were comprehensive and included information about activities, health issues, wellbeing and achievements
- A person who had not been able to access the wider community prior to moving to the service, now frequently went out with the support of staff and used public transport.
- People's took part in activities that were important to them. People said, "A good hobby like art work helps being surrounded by artist colouring books." "I like to spend time on the consoles and go shopping if I need a new game." People's interest in sports meant they could following their favourite football teams. A person enjoyed sports said, "I like going to football stadiums and collect football shirts from each visit." This showed people were living a full and meaningful lives.

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 care plans included information about their communication needs, for example their preferred language or style of communication. How people communicated was a key factor in supporting people and care plans detailed how changes to people's demeanour were an indicator the person was becoming anxious or distressed, for example, a person putting their head down and not giving eye contact.
- A relative said, "Staff offer [name] choices, they communicate by signs and good eye contact. Staff are learning to read their body language and signs, consistency of staff is very important."
- People's needs in some instances meant communication was used in a specific way to achieve a positive outcome. For example, the use of reverse psychology by asking a person not to do something. Specific examples to be used by staff were provided in the care plan.

- Menus, healthy eating guides and information as to which staff were supporting people on a day to day basis was provided using photographs, pictures and symbols and were colourful to support people's understanding.

Improving care quality in response to complaints or concerns

- People were comfortable raising concerns and action would be taken. They said, "If I had any concerns I would talk to staff, they would sort out problems." And "I would speak to [trainee manager] and I prefer [registered manager], as get on well."

- A person said, "I have a book that I write my worries, would let selected staff look at it." The registered manager told us, "Any concern no matter how it's raised is taken seriously and we want people to tell us in their own way if they're not happy."

- A relative said, "I would talk to the [registered manager] or the team leader and if it's not resolved then the area manager." Another relative told us their complaint was addressed promptly, and they were assured any learning from their complaint was shared with staff team.

- The provider's complaint procedure was easy to understand and included advocacy information if people needed help to complain. Staff knew how to respond to complaints.

- Complaints were investigated, and action was taken. For example, adjustments were made to the boundary fence for people's safety and letter of apology sent to the complainant.

End of life care and support

- The provider had an end of life policy in place and at the time of the inspection there was no end of life care being delivered.

- People's records regarding end of life care had not been explored with people due to their specific needs. In some instances because of the negative impact on a person's well-being if the question should be asked.

- People's records included information about their next of kin and any specific cultural or religious aspects of a person's care, which may be needed in the event of their sudden death.

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

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

- The registered manager understood the regulatory requirements, submitted notifications to the Care Quality Commission (CQC) as required.
- The registered manager and staff were aware of the provider's requirements to provide quality person-centred care. The provider's policies, procedures and the business continuity plan ensured the service delivery was not interrupted by unforeseen events.
- There was a clear management structure in place. Staff understood their role, responsibilities and duties. Staff were confident to raise concerns and use the whistle blowing policy if required.
- The provider had updated the internal quality home audit and monitoring systems to check all aspects of the service and people's care. Action plans enabled the provider to monitor performance and identify areas requiring improvements.

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 worked in a transparent and open way, when incidents occurred, they ensured they informed the relevant people and families and external agencies such as CQC, in line with the duty of candour.
- The management system for complaints provided a corporate level oversight of all complaints.
- The registered manager was aware of their responsibility to display the rating on the publication of the inspection report.
- People and staff spoke positively about the registered manager and the leadership. A person said, "I can talk to [Registered manager] any time he's really helped me a lot. I love it here I'm really happy here."

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

- The registered manager and staff team showed a commitment to improving and providing person-centred and high quality care.
- Our observations showed the culture within the service was one of tolerance, respect and support of people's differences. Staff encouraged people to express themselves in the way they wanted and celebrated the diversity of the people using the service.
- People, relatives and staff told us the registered manager and trainee manager were approachable; open and transparent in relation to the care and support people received.

- Staff told us they enjoyed working for the service and felt staff morale was high. Training was focused on developing staff to achieve better outcomes for people.

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

- People's care was planned, monitored and reviewed regularly. Care plans had detailed information about the support people required and respecting their wishes whilst promoting their safety and independence, where possible.
- People were supported to maintain links with family and friends.
- Staff recognised and encouraged age appropriate social events to enable people to make new friends.

Continuous learning and improving care; Working in partnership with others

- People were encouraged to influence their care and to develop the service. They said, "Service user meetings happen every few months; we talk about food." And "They are making a lot of changes to the activity room."
- Staff felt valued and well supported by the management team. Staff had regular team meetings and felt comfortable making suggestions.
- The registered manager demonstrated a willingness to learn and was committed to improving the service. The registered manager led by example, promoted team work and used creative ways of developing the staff team. For example, identifying the individual qualities and strengths of staff and ways to inspire colleagues and people using the service.
- The registered manager attended forums arranged by the provider to ensure they were up to date with policies and procedures and continuing to learn.
- The registered manager worked in partnership with healthcare professionals, commissioners and the educational establishments meet the needs of young people using the service.