

Active Prospects

Woodview (Active Prospects)

Inspection report

Prospect Housing and Support Services
Woodview, Coulsdon Road
Caterham
Surrey
CR3 5YA

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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?	Outstanding ☆

Summary of findings

Overall summary

About the service

Woodview (Active Prospects) is a care home for up to nine people with learning disabilities. It is arranged on one floor with individual bedrooms and shared living and dining areas.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support (RRS) and other best practice guidance. While the service was slightly larger than RRS suggests, supporting nine people, the arrangement of the home, and the way people were supported aligned with the values that underpin RRS. 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

People received highly personalised care from skilled staff who knew their individual needs and how to meet them. People were supported through a comprehensive assessment and transition period when they moved to Woodview which ensured they had positive experiences at the home.

Care plans were highly detailed and reflected people's skills, abilities and communication styles. People's independence was promoted. People's goals were reviewed and monitored to help ensure people were being supported to their achieve personal outcomes.

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.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were kept safe from avoidable harm and abuse by staff who were knowledgeable about safeguarding them from harm. Staff received the training and support they needed to perform their roles. People were involved in the recruitment of staff, and systems ensured only suitable staff were employed.

The leadership of the service was unique and distinctive. The registered manager inspired staff and people to achieve positive outcomes. The provider worked to ensure people, staff, relatives and the public were truly involved in the development of the service and for the wider benefit of people with learning disabilities.

The opportunities for people to be involved in developing and shaping the service were unique and distinctive. The provider recognised and valued the achievements of people and their staff.

The values and culture of the provider were embedded and shared across the organisation; they focussed on genuinely empowering people to take control over their lives.

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

Rating at last inspection:

The last rating for this service was good (published January 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 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 exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Woodview (Active Prospects)

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 one inspector.

Service and service type

Woodview (Active Prospects) 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 reviewed the information we held about the service which had been submitted to us as notifications. Notifications are information about events and incidents providers are required by law to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We observed the support provided to people and spoke with four people living in the home. We spoke with three support workers, two assistant team managers and the registered manager. We reviewed two people's care files including medicines information, the recruitment information for two staff and supervision records for a further three staff. We reviewed information about people's achievements, involvement in activities and meetings. We reviewed various meeting records, audits and other records relevant to the management of the service.

After the inspection

We reviewed the information the registered manager sent to us by email. This included training records, meeting records and plans for both Woodview and the provider. We spoke with two relatives, a social worker, and a neighbour of the home.

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

- People were protected from avoidable harm and abuse by staff who were knowledgeable about safeguarding adults.
- Relatives told us they were confident their family members were safe. One relative said, "I'm confident [my relative] is safe with staff." A social worker told us they were confident staff knew how to raise concerns and would not hesitate to do so when necessary.
- Incident reports indicated there had been no incidents of abuse, or allegations of abuse since our last inspection.

Assessing risk, safety monitoring and management

- Risks faced by people had been appropriately identified with clear plans in place to mitigate them. Risk assessments ensured the least restrictive option was chosen as the method to mitigate risks.
- Care plans contained detailed information about the risks people faced and how to support them with them. This included where people could express themselves in a way that put themselves or others at risk of harm. Risk assessments were highly personalised to ensure staff had high quality, detailed information about how to support people in a safe way.
- People were supported to be as involved as possible in the plans to mitigate risks. For example, one person had been supported by staff to photograph each step of their care routine to show staff how they liked to be supported to stay safe.
- Risk assessments were reviewed and updated regularly and in response to any incidents that suggested people's needs and risks may have changed. Relatives told us they were confident staff would act upon any changes in risk faced by their family members.

Staffing and recruitment

- Observations showed there were sufficient staff deployed to ensure people's needs were met. There was a calm and pleasant atmosphere throughout the inspection as staff worked together to ensure people's needs were met.
- Relatives told us they thought there were enough staff to ensure people's needs were met. We saw people did not have to wait for staff to support them.
- Staff had been recruited in a way that ensured they were suitable to work at Woodview. The provider carried out checks to ensure staff were suitable to work in a care setting. The recruitment process included people who lived in the home who spent time with applicants as part of the assessment process.

- Staff absences and vacancies were covered through the use of agency staff. Agency workers received a local induction and the registered manager told us they only used one named agency with staff who knew people well to minimise the disruption caused by the use of agency workers. During the inspection we saw agency staff worked as full members of the team and interacted well with people who lived in the home.

Using medicines safely

- People were supported to take medicines by trained staff in a safe way.
- People's medicines were stored safely in locked cabinets in their bedrooms. There was additional secure storage for extra supplies or medicines which required additional secure storage if this was required in the future.
- There was detailed information about the support people needed to take their medicines safely. One person had recently moved to the home and the registered manager sought additional advice about supporting them to take their medicines safely as they did not like to swallow tablets so took medicines either as liquids, or crushed and mixed with juice. Records showed people had taken their medicines as prescribed.
- People's medicines were reviewed regularly by the prescribers. The provider ensured where people were prescribed medicines for anxiety or behaviour these were only used in exceptional circumstances. STOMP stands for 'Stop over medicating people with learning disabilities' and is a national campaign to ensure people are only taking the medicines they need. The provider prompted STOMP audits to ensure people were only prescribed medicines they needed, and prescribers were reminded to consider if all prescriptions were truly necessary.

Preventing and controlling infection

- The home was clean and free from malodour. Staff were observed to be following best practice in terms of the use of equipment to minimise and control the risk of infection.
- People were supported and encouraged to be involved in cleaning their home. We saw one person took pride in being involved in domestic tasks both inside their home and in the garden.
- The provider had a plan in place to become more environmentally aware. People and staff were being encouraged to recycle more and be more environmentally conscious in their use of materials and plastics.

Learning lessons when things go wrong

- Records showed incidents were recorded and staff completed analysis of events to ensure lessons were learned and repetitions avoided.
- Relatives confirmed the registered manager, or other staff on duty would inform them of any incidents or events that involved their family members. They were confident staff would take appropriate action in response to incidents.
- We saw care plans and risk assessments were reviewed following incidents and updated where necessary. The staff from Woodview involved other professionals in these reviews where necessary.

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's needs were assessed comprehensively and holistically in a way that focussed on individual goals and strengths.
- Records showed, and a social worker and relatives confirmed, the provider took time to fully assess people's needs and suitability for Woodview before starting to support them. We saw one person who had recently moved to Woodview had a comprehensive transition plan which involved staff visiting their previous home and learning from their old staff team. This helped ensure as smooth a transition as possible for people. A relative confirmed this was always the way and had been done for their family member when they moved several years ago.
- When people first moved to the home an interim care plan with short term goals was written. This included key information staff needed to support people, and short term goals focussed on supporting the person to become confident and familiar with their environment.
- After people had settled in they were supported to set longer term goals which reflected the principles of Registering the Right Support and the provider's ACTIVE support model. This led to outcome focused care plans relating to people being understood, having meaningful engagement, feeling safe, having control over their affairs, being heard, having relationships and being independent. This reflects best practice guidance for care planning for autistic people and people with learning disabilities.

Staff support: induction, training, skills and experience

- Staff received the support and training they needed to perform their roles.
- Relatives and external professionals told us they were confident staff had the skills they needed to provide people with the support they needed. One relative said, "The staff are very good. I've no concerns on that front."
- Records showed staff received a comprehensive induction to both the provider and the home. They also received a combination of face to face and online training in areas relevant to their roles. Staff were supported to complete additional training where this was required to meet people's needs. For example, staff had completed training in de-escalation where this was needed to support people with their expressed behaviours.
- Staff received regular support and supervision from their line managers. This included both meetings and observations of their practice. This meant the registered manager was confident about the competence of staff within the home.

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

- We saw people were involved in choosing and preparing their meals as far as they were able to be.
- Records showed there were regular meetings where people were supported to plan the menu for the home. Staff supported people using images to ensure they were able to understand the choices they were making.
- Some people had difficulties swallowing and needed their food to be modified to be safe for them to eat. The registered manager and staff had quickly adopted the latest best practice guidance in supporting people with modified consistency diets. Staff were using moulds to ensure modified consistency foods were shaped to resemble the original food. The registered manager told us the aim was for moulds to be used for every meal, but for now they were being used regularly for Sunday roasts and special occasion meals.
- Records showed people were supported to eat and drink enough to maintain a balanced diet. There was clear information about people's preferences within their care plans and records confirmed people were supported to eat food they liked.

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

- Relatives told us they were confident staff worked with other people to ensure their family member's needs were met.
- Care plans contained details of other agencies that were involved in providing care and support to people. For example, we saw day services, communication specialists and community groups were regularly involved in providing support to people. Records of communication were clear ensuring people's needs were met.
- Records showed that information was shared between services in a timely and appropriate way. This ensured all staff worked with people in consistent ways to support people's needs to be met.
- People were supported by a range of professionals including social workers, psychologists, physiotherapist and occupational therapists. Staff followed the advice of professionals to ensure people's needs were met.

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

- Woodview was built before the guidelines of Registering the Right Support were developed. As such, it is slightly larger than current best practice guidance suggests. However, the arrangement of the home is such that any negative impact of the size is mitigated. This is because there are separate living areas where people can spend time in smaller groups, and sufficient staffing to ensure people receive a person-centred experience.
- Woodview is a ground floor bungalow, with wide hallways and adapted bathrooms to facilitate people with a range of physical support needs. There was enough storage space that people had space to move without being cluttered by the equipment they needed to meet their needs.
- People's bedrooms had been personalised to their individual tastes. One relative commented how much they had appreciated the effort staff had gone to in ensuring the bedroom matched their old bedroom at a previous placement. They told us this had helped their relative feel settled and at home.

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

- People living at Woodview experienced a range of complex health conditions. Staff followed best practice guidance in supporting adults with learning disabilities to ensure their health needs were met and they were able to access healthcare services appropriately.
- Each person had a Health Action Plan which detailed their health conditions and the support they needed to maintain their health. Each person also had an emergency hospital passport which contained key information to ensure hospital staff had the information they needed to meet people's needs in the event of an emergency admission. Both of these documents are best practice for supporting adults with learning

disabilities with their health needs.

- Records showed people were supported to access general and specialist health services as they needed. Records showed staff had advocated with people to ensure their symptoms were properly considered and they were not overshadowed by their learning disability diagnoses. Where people were not able to consent to, or understand, medical interventions and investigations, records showed appropriate capacity assessments and best interests decision making had been followed.
- Care plans contained detailed information about people's healthcare conditions and the support they would need in an emergency. For example, where people had epilepsy there were detailed guidelines about how to respond if they had a seizure.

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.

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.

- People's capacity to make decisions about their care had been appropriately assessed. Where people's care amounted to a deprivation of liberty appropriate applications had been made to the local authority. Where DoLS had been granted any conditions imposed were being adhered to.
- People were supported to be as involved as possible in decisions about their lives. For each area where capacity was assessed we saw staff had attempted to explain issues in a way that facilitated people's involvement and understanding. Making decisions on behalf of people living in the home was only used as last resort where necessary.
- Staff were mindful of all aspects of people's lives when considering if they had capacity to make decisions and what support people might need to live full and active lives as citizens. This inspection was carried out shortly after the general election in 2019 and staff had considered whether people living in the home had capacity to vote and what support they may need to exercise their democratic right. People had been supported to access easyread versions of political manifestos to help determine if they had capacity to vote, and whether and how they wished to vote if they did have capacity.

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 remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Throughout the inspection we saw staff supported people with kindness and respect. For example, we saw one person did not want to join a group activity making Christmas decorations. A staff member sat near them and gently offered them choices of different coloured pieces of paper. The person indicated choices, and the staff member made the decorations, offering more involvement at each stage and respecting when the person indicated the limits of their involvement.
- Relatives and social workers told us they felt people's individual characteristics and personal diversity were respected by staff. We saw people's cultural backgrounds were celebrated and supported. People's bedrooms were decorated with posters relevant to their culture and throughout the day music was played which reflected people's individual cultures.
- People's religious beliefs were captured within their care files. Records showed people were supported to practice their faith where they wished to do so. Where people attended a place of worship this was recognised as being socially and spiritually valuable to them.

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

- Care plans reflected people's views about their care and were written in a way that reflected their personalities. There were high levels of detail about how people expressed themselves to ensure staff knew how to listen to people, particularly those who did not use spoken language to communicate.
- Throughout the inspection we saw people were offered choices by staff. For example, people were able to choose what they did, what they ate, and what room they were in.
- People were given the equipment to facilitate their own decision making. For example, one person used a tablet computer to play music and staff supported the person to change the music when their reaction showed they did not like what had played. As staff continued to support this person we saw they started to change the music themselves as they became more confident with their choices.
- Relatives told us they were confident their family members felt heard by staff. One relative explained, "There's always lots of smiles and interactions between [person] and staff. They absolutely beam at them [staff]. My relative can't lie about how they feel, so their expression tells us they feel very safe."

Respecting and promoting people's privacy, dignity and independence

- Relatives and social workers confirmed people's independence and autonomy were promoted by the service. People were encouraged to be independent and this was embedded within care plans.

- Each care goal focused on developing the person's independence and skills in some way. This reflected the principles of RRS and ensuring that people with learning disabilities are able to live a life like any other person.
- People were able to spend time on their own and with visitors if they wished. Throughout the inspection we saw people were offered choices about where they spent their time, and were given time on their own where they wished.
- The promotion of people's dignity was embedded throughout the service. Each care plan contained details about how to ensure people were treated with dignity and respect. This included respecting people's routines and privacy at all times.

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 remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People received highly personalised care which was planned around the provider's values of aspiring, caring, trusting, including, valuing and enabling (ACTIVE). The ACTIVE principles formed the basis of care plans and reviews, ensuring there was enough information to ensure people felt valued. The values of including and enabling, ensured people had meaningful lives engaged with their local community, with health and safety aspects of care plans reflecting the values of caring and trust.
- Relatives told us they were confident their family members got personalised care that met their needs. One relative said, "We are very happy with the care and nurturing that [my relative] gets at Woodview. It's their home, they get involved in lots of things, cooking, washing and that sort of thing." Another relative said, "It's person centred, truly person centred. None of that 'patient culture' we used to see, it's about [my relative] and the other people who live there first and foremost."
- Care plans contained a high level of detail about people's needs and preferences. There was clear guidance about how people made choices. Where people sometimes became distressed and needed support to calm, there were detailed positive behaviour support plans which reflected best practice guidance from the British Institute of Learning Disabilities (BILD). Records showed people were supported in line with their care plans, and any choices they made were respected.
- People were supported to review their care plans regularly with named members of staff. Care plans were formally reviewed every six months, with people's families confirming they were involved in reviewing goals and care plans. Reviews were used as an opportunity to celebrate people's achievements over the last six months.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured information was available in easy read formats for people living in the home. There was a notice board in the living room which displayed a range of information in accessible formats. This included the provider's values and complaints policy as well as information about different health conditions. There was accessible information about personal safety and safeguarding on display for people.
- People living at Woodview had a range of communication needs and styles. Each person had a detailed communication plan which provided a high level of detail about how they communicated their needs and

wishes. There were details about how to support people to understand questions so they were able to be involved and make their own decisions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to form and maintain a range of friendships and relationships by a sensitive staff team who recognised the value and importance of these relationships.
- Relatives confirmed they were free to visit their family members whenever they wished. They also told us their family members were supported to speak to them on the phone whenever they wished.
- People were supported to stay in touch with friends who they knew from their previous homes, other homes nearby and from day services. People were supported to visit their friends and indicated to us they found this fun, and important.
- People were supported with an appropriate range of activities and interests. There were a range of people including both younger working age adults, and older people with learning disabilities living at the service. People were supported to attend groups and activities that were appropriate for them as individuals. For example, younger people used different community groups than their older housemates.
- People were supported to be active in the local community. One person had won an award for litter picking on the local estate as this benefitted both them and the local community.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy which included details of expected timescale for investigation and response.
- There had been one formal complaint since our last inspection. This had related to the external environment of the home. The provider had completed a thorough investigation and through working with the complainant had resolved the concern. Following the complaint the registered manager had taken the opportunity to build the relationship with the complainant which had resulted in strengthening links between Woodview and their local community. This is reported on in more detail in the Well-led section of the report.
- Relatives told us they would feel confident to raise any concerns, but they had not found this necessary. Records showed people were given the opportunity to raise issues in meetings.

End of life care and support

- People had been supported at the last stages of their life at Woodview. We saw feedback from the relatives of a person who had died who complemented the service on the considerate and compassionate care they had provided to their family member at the end of their life. We saw staff had considered both the practical and emotional aspects of end of life care for both the person and those who cared about them.
- Relatives confirmed they had been involved in meetings about planning for the future of their relatives, including should they reach the last stage of their life. One relative said, "I never want them to have to move again. Woodview can meet their increasing needs as they gets older and that will be perfect. It's their home, and Woodview will match to them. I have every confidence with Woodview."

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.

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

- The provider pro-actively sought the views of people who lived at Woodview and promoted inclusion and openness in distinctive ways. One person who lived in the home was a founder member of the provider's "Pro-Active Community." The Pro-Active Community involved people living in the provider's services as experts in developing a mission and vision that would ensure the organisation met their needs in the future. The Pro-Active Community had its own development and business plan to ensure people with learning disabilities were in control of the direction of the organisation. The community was aiming to set up as its own charity with a user-led governance structure. They had ambitious plans for 2020 with a key campaigns based on environmental awareness, health outcomes, and social outcomes for people with learning disabilities. There was a detailed, measurable plan with additional support to facilitate people with learning disabilities to achieve their ambitious plans. This had developed from their 2019 plan which had focussed on political awareness, social activities and value among other activities related to the governance of the committee itself.
- People who used services and the staff had been involved in a joint governance conference to ensure everyone was involved in reviewing the changes that had taken place across the organisation. The provider ensured the conference was accessible to people with learning disabilities, and also ensured staff had space to express their experiences of changes that had taken place. We saw that the provider had escalated with the venue where they felt the facilities on the day had limited people's involvement.
- The provider held an annual award scheme to recognise the difference people and staff were making. These were awarded at an annual event which was held in a hotel. The person who had been given an award for their community work indicated the special occasion had made the event particularly memorable for them.
- The provider had won a National Learning Disability & Autism award. The award noted, "They clearly demonstrated excellent and meaningful service user engagement at all levels at the organisation. They have developed and use outstanding partnership working with the people they support, families and professionals."
- The registered manager at Woodview had taken proactive steps to involve their neighbours and the local community. Following the complaint as described in the Responsive section of this report, the registered manager took a positive approach to restoring the relationships with the neighbours. This had led to the neighbours taking a genuine interest in Woodview. They had attended a summer barbeque at the service,

and in response had arranged a Christmas carol concert for people at Woodview. The neighbours told us how they worked with other neighbours to help them understand people with learning disabilities so people could feel safe and confident to access their local community. There were plans in place to fundraise locally for additional equipment for Woodview and to ensure the door always stayed open in the local community. Photos of the recent events showed people who lived at Woodview and their neighbours sharing a fun time filled with laughter.

- At a local level, Woodview held regular meetings for people who lived in the home to seek their feedback and views about day to day issues that affected their lives. Records showed there were discussions around social events, menu planning and making nominations for the provider's award scheme. People were actively encouraged to express their views, which were always taken seriously and valued by staff.

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

- The provider's ACTIVE values were embedded throughout Woodview. They formed the basis of care plans and the way people were supported on a day to day basis.

- Relatives praised the person-centred nature of the service and the outcomes it achieved for their families. One relative explained, "The care [my relative] gets is excellent. It's based on them. Always. They don't just say person centred, they do it."

- A social worker was similarly enthusiastic about the outcome focused support the service provided to someone who they had supported to move to Woodview. When the inspection team spoke about how this person had interacted during the inspection the social worker commented that this was a huge change for this person, who previously would not be able to communicate with strangers. They said, "I have every confidence in Woodview. They are focussed on helping people to improve every day."

- Being inclusive and empowered were key values of the provider. These were lived daily for people at Woodview. We saw people were included in all aspects of their daily life, and in service development. No decisions were taken about events or activities at Woodview without ensuring people were included.

- The registered manager was well known by people who lived in the home. We observed they interacted with them in a way that demonstrated they knew and trusted them. Feedback from relatives confirmed they felt at ease with the registered manager who they knew was always available to them. Feedback about the registered manager included, "They have inspired them all to help people to improve and do better."

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

- The registered manager was supported by two assistant team managers. All were clear about their roles and responsibilities in terms of managing the service. Responsibilities were divided between them with the registered manager holding overall responsibility for the home. For example, one assistant manager led on medicines.

- The provider and the registered manager had ensured on-going compliance with the care regulations over a sustained period. There were checks within the home and peer-led scrutiny by other home managers in the local area. These checks were supplemented by mock inspections led by the provider. These systems ensured standards were maintained. Any actions were addressed with learning shared across the whole staff team through team meetings. There was a combined action plan which ensured there was comprehensive oversight of progress made within the home.

- Staff were encouraged and supported to take lead roles which helped ensure they felt part of the governance of the service. People were also supported to be involved in these checks. For example, we saw people were involved in fire equipment checks as well as other health and safety checks within the home.

Continuous learning and improving care

- Relatives told us the home was continuously improving. One relative said, "They don't stay still. They learn as [my relative] changes which means it stays the right place for them."
- The provider had an ambitious plan with an organisational drive to become an outstanding provider. This involved supporting the registered managers to ensure they stayed up to date with best practice guidance.
- The registered manager was the chair of the local Skills for Care registered manager's network. They facilitated and shared learning with other registered managers in the local area. This was how they had identified the moulds for modified consistency diets as described in the Effective domain.
- The previous registered manager had been a BILD accredited positive behavioural support coach. This had meant there were the skills within the home to develop high quality positive behaviour support plans in line with best practice. The new registered manager was now working to complete this qualification to ensure these skills were not lost from the home. One of the assistant team manager's was being supported to complete a level five management qualification to ensure there were skilled managers across the organisation.

Working in partnership with others

- Woodview worked closely with organisations both internally and externally.
- People were supported to attend the South East local valuing people group. This is where decisions about local strategies for people with learning disabilities are discussed.
- People were supported to attend and engage with events at the local YMCA, as well as other events facilitated by the provider's own pro-active community which were co-produced events.
- Woodview, and other of the provider's services were involved with national campaigns relevant to adults with learning disabilities and autistic people. This included the STOMP campaign and involvement in CQC roadshows.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Relatives confirmed the registered manager was open and transparent in their communications with them.