Consensus Support Services Limited

Stanley Park Road

Inspection report

19 Stanley Park Road
Wallington
SM6 0HL

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25 October 2021

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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
Stanley Park Road is a residential care home providing personal care to six people with learning disabilities and mental health support needs. The service can house up to nine people in self-contained flats each with their own bedroom, bathroom, living room and kitchen.

People's experience of using this service and what we found
People felt they were safe using the service and staff knew how to keep people safe from harm without inappropriately restricting their freedom. The provider assessed and managed risk to people in a person-centred way and carried out appropriate checks to make sure the environment was safe. The provider learned lessons from incidents and took action to help prevent similar incidents from happening again.

People received their medicines as prescribed and there were systems to ensure medicines were stored and administered safely. The service was in a clean and hygienic condition and there were processes in place to ensure current infection prevention and control guidance was adhered to.

There were enough staff to care for people safely. The provider carried out checks to make sure they did not recruit unsuitable staff to care for people.

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. Staff obtained consent before providing care or followed the correct legal processes for people who did not have capacity to consent to their care. The premises were set up in a way that maximised people's freedom and promoted privacy and dignity.

Staff were knowledgeable about people's health conditions and nutritional needs and worked well with healthcare professionals to support good outcomes in these areas. Staff received the training and support they needed to keep up to date with current best practice and to develop the skills they needed to provide effective care.

The provider assessed people's needs in a person-centred way and developed care plans in partnership with people. This helped ensure their care was designed and delivered in line with their needs, preferences, interests and in a way that maximised choice and control. People received support to set and achieve goals, maintain relationships and engage in activities and hobbies that were meaningful to them. Support plans were detailed, with the information staff needed to understand exactly what people needed and wanted in terms of care and support. This included consideration of what people and their families would want to happen in the event of sudden death or terminal illness.

Staff treated people with respect and demonstrated empathy and compassion. They got to know people well, understood their needs and interests and provided emotional support when needed. People's support

took into account their diverse needs and promoted dignity and inclusion. Staff gave people the support they needed to express themselves and make choices about their day to day care in ways that maximised their independence. Staff understood the different ways in which different people communicated their choices. The service had resources to facilitate accessible communication with people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support:
• People were involved in planning their care and support. Having their own flats enabled people to work towards living as independently as they could, to have more choice and control over their living environment and how they spent their time.

Right care:
• People were treated as individuals and their personal preferences were known and upheld by staff that knew them well. Staff promoted and respected people's dignity, privacy and human rights.

Right culture:
• The provider engaged and included people in all aspects of their care and support and was committed to improving the service based on the feedback from people, relatives and staff. Staff told us they had a strong supportive team that had helped develop and strengthen the person-centered culture and ensured people were supported to make decisions for themselves and lead the life they wanted.

Leadership was approachable, visible and supportive. The registered manager made sure people received support that was person-centred, inclusive and reflected the provider's values. Management was open and transparent and the provider was honest with people and their relatives when things went wrong. Managers understood their regulatory requirements and used a number of tools to continually assess, monitor and improve the quality of the service. They involved people, relatives and staff in this process, using their feedback and complaints to make positive changes to the service. The provider worked well in partnership with others and was in the process of developing strong links with the local community.

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

Rating at last inspection
This service was registered with us on 28/01/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Stanley Park Road

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by one inspector.

Service and service type
Stanley Park Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 feedback given to us by the local authority and information we already held about the service. This included statutory notifications, which contain information providers are required to send us about significant incidents that take place within services. 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 spoke with two people who used the service, the registered manager, operations manager and five members of staff including the deputy manager. We also spoke with a social worker who was visiting the service. We reviewed three people's care documents and a fourth person's medicines records, two staff files and a range of other records relevant to the management of the service.

After the inspection
We spoke with the registered manager via remote video call and spoke with two people's relatives by telephone. We reviewed some additional documents we had asked the registered manager to send us.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service and knew who to speak to if they had any concerns or worries. There were systems in place to ensure any report or suspicion of abuse was investigated thoroughly and escalated to the appropriate bodies. The provider took appropriate action in response to findings from these investigations.
- Staff received training to ensure they knew how to recognise and report abuse and ill-treatment. We spoke with staff who were able to describe how they would do this and policy documents were written to ensure the processes were clear.

Assessing risk, safety monitoring and management

- People received personalised support to manage risks and stay safe. Risk assessments showed consideration of factors that were unique to each person. They contained clear information about what staff needed to do to ensure people's safety. Staff demonstrated good knowledge of how to manage people's individual risks.
- The provider had clear strategies for managing behaviour that challenged the service, minimising the use of control and restraint. People had positive behaviour support plans which were personalised. These were developed with a behaviour specialist the provider employed and took into account people's own perspective of what caused the behaviour and what would help them stay calm. The provider planned people's care and support to enable them to avoid triggers such as boredom and things that caused anxiety.
- Some people who were able to make decisions for themselves chose to take certain risks. Where appropriate, staff supported people to do this and put risk management plans in place to allow people to keep as safe as possible while taking risks. One person particularly liked signing agreements that set out the service's expectations around them behaving in ways that helped them keep safe, because these helped make it clear to them what they needed to do. They had agreements covering different areas such as smoking and keeping their accommodation clean.
- The provider carried out appropriate checks to make sure the premises were safe and people were protected from risks such as those associated with fire, electricity, water supply and dangerous chemicals.

Staffing and recruitment

- There were enough staff to care for people safely. Rotas showed shifts were planned to ensure enough staff were on duty at all times and there were systems to cover any gaps. The provider had processes to work out how much staff support each person needed so they could adjust their staffing allocation to fit the needs of the people using the service. People and staff told us there were enough staff to cover people's needs comfortably.
- The provider followed safe recruitment practices to ensure they took all reasonable precautions to protect

people from the risk of receiving care from inappropriate staff. This included carrying out all of the checks required by law before employees started work.

Using medicines safely

● People confirmed they received their medicines as prescribed and staff made sure they understood what medicines they were taking.

● The service had robust systems to record medicines administration and check stock levels. This helped staff to ensure people received medicines as prescribed, prevent medicines from running out, reduce the risk of medicines errors and detect any such errors quickly. We checked some medicines at random and confirmed the recorded stock levels were correct.

● Some medicines records contained gaps. The registered manager confirmed these were times when people declined to take their medicines. However, not indicating this clearly on records could increase the risk of medicines errors as an omission would not stand out. The registered manager told us they would ensure staff marked medicines records with the correct code to indicate refusal.

● Medicines were stored securely and at appropriate temperatures.

● Where medicines were prescribed to be taken only when required, there were protocols with information about the medicine and what it was prescribed for. Some of these, particularly those for epilepsy medicines, were very detailed with clear personalised information about under what circumstances the medicine should be given to people. However, others contained generic information about side effects and it was unclear how staff would know when to offer the medicines. The registered manager explained this was because those medicines were only given when people requested them. They updated the protocols to reflect this and sent us the amended versions which made this clear.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

● The provider was willing to learn lessons when things went wrong. The service provided appropriate support to people and staff affected by accidents and incidents. One person's relative felt the provider could have acted more quickly to learn from certain incidents but told us the action they did take was appropriate.

● There were systems to ensure accidents and incidents were appropriately logged where senior managers could immediately access the information. We saw evidence the provider ensured appropriate action was taken to prevent things from going wrong again.

● Systems were set up to analyse incidents and accidents to identify patterns and trends in a detailed way. This helped the provider identify the root causes of some types of incident and put in place plans to address them. For example, we saw a robust risk assessment and action plans the service had put in place when they identified a trend with incidents taking place in the communal hallway outside some people's flats.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider assessed people's needs and choices in a thorough, holistic way and involved people and those who were important to them in this process. They looked at things that were important to people and what they would like to achieve as well as their daily support needs.
- Staff knew how to deliver care in line with standards and guidance. One person's relative told us, "They deal with [diagnosed condition] very well. Staff know exactly what he has." The provider also had a specialist outreach team to support staff to care for people with specific conditions in line with best practice guidance. The registered manager regularly attended learning events to ensure they kept up to date with current research.

Staff support: induction, training, skills and experience

- New staff received an induction to familiarise them with the service and to make sure they had the knowledge and skills required to perform their job effectively. The induction included a comprehensive programme of training, which was refreshed at regular intervals after induction and was designed to help staff meet the specific needs of people using the service.
- Staff received the support they needed to continue to do their job effectively after induction. This included regular one-to-one meetings with supervisors to discuss their performance and any support needed. The registered manager had also introduced observational supervision where they observed staff supporting people to do activities. This helped them assess staff competence. Staff told us the support they received was good and people felt staff had the knowledge they needed to provide good care.
- Staff could easily access the information they needed to carry out their jobs well and told us they had ample time to read the information they needed.

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

- Staff supported each person to plan their menus and prepare the meals they chose. One person said the food they had to eat at the home was "very good."
- Staff helped people check their weight regularly to ensure they were eating the right amount to stay healthy. Where relevant, dietitians and other professionals were involved in people's care to ensure the food and drink they received was appropriate for their needs.
- The provider supported people to make healthy choices around food. Some people who used the service had personalised healthy eating support plans, which the service developed in partnership with the person and their family. These included helping people calculate calorie counts, planning menus together and storing their food securely. One person's relatives said they were very pleased about that person's weight loss while living at the service.

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

● People told us they were happy with the healthcare support they had. They received support to attend healthcare services when they needed to. People who lived with long term health conditions had person-centred support plans about how to manage these and stay well.

● People also had person-centred plans around generally staying healthy, such as the support they needed to do exercise. We saw an example of a personalised, accessible book one person had about what they needed to do to stay healthy.

● We saw examples of how some people's mental health outcomes were improving or had improved since using the service. These included people participating more in activities, being involved in fewer incidents and showing fewer signs of anxiety.

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

● The provider worked with other agencies and in partnership with people to reduce the use of medicines prescribed as required to help control behaviour that challenged. Effective reduction of this type of medicine can help improve people's quality of life by enabling them to learn more positive ways of responding to difficult situations and by reducing the impact of side effects.

● When people moved in or out of the service, the provider worked well with other agencies to help ensure a smooth transition. Where relevant, this included working with staff from the service the person was moving to or from. People had detailed transition plans with strong attention to detail and these were developed in partnership with people and with the provider's positive behaviour support lead.

● People's care and support were planned to ensure good communication took place between services when required. For instance, one person's care plan considered how staff should work with hospital staff around meeting their dietary needs if they were admitted to hospital.

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

● The service was purpose built to meet people's needs. Each person had their own private flat within the home, which contained a living room, bedroom, bathroom and kitchen. Although there was a communal area for people to spend time together, staff told us people preferred to stay in their flats when at the service. One person required close observation at night and the environment was set up to allow this while still retaining their privacy.

● Some people gave us permission to come into their flats and speak with them. Those people's flats were set up to meet their specific needs. Living areas were personalised and decorated in line with people's interests and tastes. One person's relative commented, "The premises are beautiful."

● Although some parts of the service such as the communal corridors and stairs were not very homely, people did not spend much time in these areas so this did not significantly impact on their wellbeing.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 told us staff always obtained their consent before carrying out care tasks. One person said, "They ask one hundred percent of the time."
● The provider had clear and robust systems for ensuring the right processes were followed when making decisions about people's care. Staff told us this made it easy to follow the processes and made them feel confident they were acting in line with legislation.
● Where people were found to have capacity to make particular decisions, the provider ensured they had the information needed to make an informed decision. However, the provider respected people's choices even if their decisions were deemed to be unwise. This is in line with MCA guidance and staff worked closely with health professionals to monitor people's health and wellbeing if they chose to go against medical advice.
● The provider applied for DoLS authorisations when appropriate and we saw evidence these were in place. Staff were aware of the individual restrictions each person had in place under DoLS. A visiting professional conformed this was done appropriately.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service promoted people's human rights and respected their diverse needs. For example, some people expressed a desire to have romantic relationships with people, either of their own gender or different genders, and the provider gave them equal support to do this safely.
- People's care and support considered how to ensure they felt comfortable with the staff supporting them. The provider considered how best to match staff to people to provide the best fit with their backgrounds, interests and other factors that might help ensure they got on well together. There was time built in for staff to spend with people, getting to know them better and providing emotional support if people wanted it. Relatives told us, "Staff are kind, committed and accessible" and, "The staff really care." A visiting professional told us, "Staff seem caring and [person] seems to respond to them warmly."
- Staff used respectful, tactful language that showed an understanding of when people might feel embarrassed or uncomfortable discussing some aspects of their care.
- Staff were empathetic and understood when people might experience anxiety or find things difficult. We saw from observing staff supporting people that they were patient and did not rush people. Care plans contained detailed information about things that might upset people and when they might need emotional support. One person told us staff were "amazing. Like part of my family."
- We observed one person experiencing an event they may have found upsetting. Staff responded in a calm way, soothing and comforting the person until they indicated they were feeling better.

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

- People had choice built into their daily routines, including what time to get up and go to bed, what and when to eat and drink and what to do with their time.
- Care plans contained information about how to support people to make choices. This included how staff should present information to them, how to make sure people understood this information and how people indicated what they wanted.
- People were able to choose which members of staff supported them with particular tasks or activities. This helped ensure people felt comfortable with the support they received.

Respecting and promoting people's privacy, dignity and independence

- People's care and support was designed to enable them to do as much for themselves as possible. One person's relative told us how the service was helping the person take more control of their personal finances. The provider carried out assessments of people's ability to self-administer their medicines to see if they could safely enable people to be more independent with them.
- Care plans took into account circumstances where people might sometimes need more or less support

than usual, to maximise their opportunities to do things for themselves.

● Staff promoted people's privacy and dignity and demonstrated a good understanding of this. People told us staff treated them with dignity and respect and a relative told us the support their family member received with personal hygiene was "excellent" and "very respectful of [person]'s dignity." We observed staff asking a person if they needed privacy when they appeared uncomfortable. Another member of staff told us how they would continually communicate with people while supporting them to ensure they were comfortable and the support they were offering was right for that person at that time.

● The setup of the service helped to promote privacy, dignity and independence as each person had their own flat and nobody was able to enter without a key.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff paid good attention to detail to ensure people's care and support was in line with their preferences. For example, they made an effort to find out people's preferred brands of toiletries and details about their preferred daily routines. One person told us the care they received was "very good, one hundred percent amazing!"
- Care plans contained information about exactly what support people needed. This meant staff were equipped to meet people's needs while enabling them to retain full control over things they needed less support with.
- The provider regularly reviewed people's care plans to ensure they remained up to date with people's needs and preferences and to review their progress. This also helped staff check the service remained a suitable place for people to live.
- People's care was planned in partnership with them to enable them to set and achieve goals. We saw evidence of this happening, such as one person who wanted to travel to a specific location and buy an item that was meaningful to them. One person told us how they planned their care with staff via regular meetings. Reviews looked at what was working well and not so well for people, so their care and support could be tailored for them on an ongoing basis.

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.

- Staff had the information they needed to communicate with people in ways they understood. People's care plans contained comprehensive information, when needed, about how they communicated. This included how people presented when they were feeling different emotions, and what people's level of verbal understanding was.
- Staff had the resources they required to meet people's communication needs. We saw staff using a personalised book of pictures and symbols to communicate with one person, which they had specific training about. The person was clearly interested in the pictures and the book appeared well-used. Other people had specific pictorial information to help them understand particular things and there was easy-read information available about things people needed to know about, such as how to complain.
- The service made good use of social stories, which are an accessible way of explaining difficult or complicated issues to people. This can help reduce anxiety if people have a better understanding of what is happening or going to happen.

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 supported people to stay in touch with family members, partners and friends. Some people told us they made regular telephone or video calls to their loved ones and staff helped them organise visits.

● People received support to remain heavily involved in community and family life. One person liked to travel to a particular hairdresser who knew how to style their specific hair type and also continued attending church with family while living at the service. Care plans contained detailed information about people's cultural and religious needs to help staff get to know them well.

● People's care plans reflected what they told us about their interests and preferred activities. They told us they received support to do these things and we saw evidence of people being involved in a variety of activities and trips that were imaginatively planned and fit people's interests and abilities. One person said, "There is nothing I don't get to do that I want to do."

● The provider went out of their way to enable people to do the things they wanted to do. Examples we saw included a set of colour coded timers to help support a person who expressed a wish to cook but found it difficult to wait for things or understand specific lengths of time.

Improving care quality in response to complaints or concerns

● People knew how to complain and there was a clear procedure for this. One person said, "I know how but I haven't because everything is good." A relative said, "There have been a few issues but they are dealt with promptly" and gave examples of improvements the provider had made in response to their concerns.

● Records showed the provider investigated any complaints and concerns they received promptly and thoroughly. Action plans showed they took action to improve care quality in response.

End of life care and support

● Nobody using the service at the time of our inspection was expected to need end of life care in the foreseeable future. However, the provider had made an effort to gather information about people's needs and preferences around end of life care. This included what was important to people, cultural and religious needs and where they would want to spend their final days. This meant the provider had enough information to meet people's needs in the event of sudden death or terminal illness.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The registered manager told us about work they had done to develop and strengthen a person-centred culture since the service had opened. This included changes to the recruitment and selection process to focus more on attitudes and values of prospective staff. Staff told us they now had a strong and supportive team.
- The registered manager observed staff supporting people, which helped them monitor the culture of the service and staff attitudes towards people. This included observational supervision and unannounced visits, including at night time.
- People, staff and the registered manager fed back that leadership, including senior leaders, was supportive and managers were approachable and fair. One person told us the service was "very well managed" and spoke particularly highly of the deputy manager. Another person said, "I went to [the registered manager] last week to ask questions. He helped me." Relatives described the registered manager as "approachable and fair" and one said, "I like the manager. He has gone above and beyond with [person]."
- The provider had clear values which staff were aware of and could tell us how they incorporated them into the work they did.

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 discussed incidents openly with people, relatives and staff and was honest about lessons they learned.
- Staff told us about the support the provider offered them when they were involved in incidents and how the provider had taken on the responsibility to prevent them from happening again.

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

- There were clear lines of accountability within the service. Alongside the registered manager there was a deputy manager and team leaders whom staff knew they could speak to if they needed guidance or wished to raise a concern.
- The provider had a strong communication network so managers and senior employees could share learning and support one another. Senior leadership was visible with the operations manager and other senior staff paying regular visits to the service.

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

● The provider gathered feedback from people, staff, external professionals and relatives using surveys, meetings and informal conversations. Staff told us they were encouraged to attend meetings and give feedback. We saw some feedback from a relatives' survey carried out in August 2021 was negative, but a clear action plan had been put in place and this showed those comments were addressed and improvements had been made.

● The registered manager told us about their plans to improve the service, which were mostly based on feedback from people, relatives and staff. One person told us they had regular opportunities to feed back about the service. They said the provider made changes in response to any issues they raised.

● The provider engaged people who used their services to take part in the audit process. This involved visiting the provider's other services and feeding back about quality and things they liked or felt could be improved.

● The provider took steps to ensure people had equal opportunities to feed back and be engaged in the running of the service. For example, one person whose verbal communication was limited had a dedicated session where they were able to use pictorial communication tools to discuss how they felt about living at the service. The registered manager told us they had plans to start group video calls with relatives. This meant relatives' meetings could be more inclusive as relatives who were unable to attend the service in person could participate.

● One relative fed back that staff did not always communicate some issues to them quickly enough, but added that this was improving and communication about other things was good.

Continuous learning and improving care

● The provider had a commitment to continuous learning and improving the service. The registered manager told us ways they had done this since the service opened, such as building a stronger staff team with the right attitudes, values and skills.

● There was a range of audits and checks to help the provider assess, monitor and improve the quality of the service continuously. These included health and safety audits, finance checks, reviews of care records and medicines checks. We looked at a sample of these and saw how they ensured issues were promptly identified and addressed. The registered manager regularly met with senior management to discuss continuous improvement and progress against action plans, and senior managers audited the service monthly.

● The service had regular visits from a positive behaviour support practitioner employed by the provider. They observed staff supporting care and fed back to the service about the quality of support, engagement, visibility of leadership and other factors that could contribute to the quality of life people experienced while living at the service. The registered manager explained how they used this information to improve the service by making changes based on feedback.

● The provider had a clear vision for developing the service. Although they had not been able to realise some of their plans because of the COVID-19 pandemic, they were starting to put things in place at the time of our inspection and we learned about plans for new trips and activities, stronger community involvement and other things designed to improve people's quality of life.

Working in partnership with others

● It was evident from speaking with people and staff that the provider worked well in partnership with other services, stakeholders and with people and their families to develop a service that was right for the people who used it. There was a strong multidisciplinary ethos that allowed staff to learn from the expertise of medical professionals and other specialists. A visiting social worker told us staff communicated well with them and responded promptly if they identified any action to be taken.

● The registered manager told us about the work they had done to reach out to the local community to work with local groups. This included a church with which the service had developed strong links.