

1st Enable Ltd

The Technology Centre

Inspection report

Inward Way
Ellesmere Port
CH65 3EN

Date of inspection visit:
13 January 2022
24 January 2022
25 January 2022
16 February 2022
31 March 2022

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The Technology Centre is a domiciliary care service offering support to people within their own homes and also within supported living accommodation. They were supporting 18 people at the time of our inspection.

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

Right Support

The provider and registered manager showed immense passion for their roles and people were placed at the heart of the service. Everyone involved in the running of the service was passionate about delivering care that was person-centred and which gave people a meaningful life. The management and staff teams supported people to have the maximum possible choice and control to be independent and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People had a choice about their living environment and were able and encouraged to personalise their rooms. Comments from people included; "I love my flat, I have it exactly as I want it" and "I feel safe in my flat. I chose matching bed covers and curtains which I really like." Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes.

Right care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. One person told us they had been involved in their care plan. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. Comments from people included; "I love going to the disco and I am going later today. I meet my friends there" and "I like to do different activities every day and staff support me to do this. I go to the gym, I go to college and go to boxing class. This is important to me."

Right culture

It was evident the values held by staff had been cascaded down from the provider and registered manager who showed great passion for making a difference to people's lives. There was a strong emphasis on people being empowered to be involved in the running of the service. People led inclusive and empowered lives because of the ethos, attitudes and behaviours of the management and staff. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff placed people's wishes, needs and rights at the heart of everything they did. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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.

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

The last rating for the service under the previous premises was good, published on 18 December 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

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?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

The Technology Centre

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

One Inspector carried out the inspection.

Service and service type

This service provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 12 January 2022 and ended on 16 February 2022. We visited the office location on 13, 24 and 25 January 2022.

What we did before inspection

We reviewed information we had received about the service since registration with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 twelve people who used the service and eight relatives about their experience of the care provided.

We spoke with 24 members of staff including the nominated individual, registered manager, area managers, service managers, HR staff, positive behaviour support facilitators, senior support workers and support workers. We spent time observing the support and communication between people and staff in shared areas of the houses we visited.

We reviewed a range of records. This included six people's care records and eight medication records. We looked at six 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 provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service. We spoke with ten relatives by telephone.

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 kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People told us they felt confident to raise any concerns regarding abuse. They said they would speak to the manager, registered manager or directors.
- Relatives consistently told us people were safe. Comments included; "They're definitely safe yes" and "I have total trust and feel [Name] is so safe."
- The service ensured safeguarding information was available to people in a variety of formats, this included pictorial and easy read.
- Staff received regular training on how to recognise and report abuse. Staff spoke confidently about safeguarding. Their comments included, "Understanding the people I support means I can notice even subtle changes," and "I would not hesitate to raise any concern and I know prompt action would be taken." Staff told us how they responded to concerns and described the reporting procedure along with the necessity to keep clear and accurate records.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were encouraged to have as much choice and control over their lives as possible. Detailed risk assessments were in place and staff understood these were specific to each person. A risk matrix detailed how risk had been considered and mitigated.
- People's individual needs were assessed and staff worked with them to complete these. People described staff explaining risks to them. One person told us, "I want to eat healthy meals. Staff help me to plan meals and do my shopping, but sometimes I make poor choices and that's okay. The staff always explain why I shouldn't make an unhealthy choice but never stop me."
- People's care records were detailed and ensured staff had access to all information required to support people. Staff kept accurate, complete, legible and up-to-date records, and these were stored securely.
- Staff managed the safety of each person's living environment and equipment. Staff had completed Personal Emergency Evacuation Plans (PEEPs) for people which included consideration of specific risks.
- The provider ensured lessons learned from incidents were shared throughout the services. Managers told us they had regular meetings with the provider and registered manager to discuss concerns or risks along with lessons learned. Staff confirmed they had opportunities to learn from incidents and reduce the potential for similar incidents occurring. Records confirmed an open and transparent approach to learning from incidents.

Staffing and recruitment

- People told us they were involved in the recruitment of staff. They said they had received training for this role. They described writing their own questions and told us they really enjoyed being involved.
- The service had enough staff, which included one-to-one support for people to take part in activities and visits how and when they wanted. One person told us how staff had supported them to take part in activities when they wanted, "Staff take me out in my car, we go swimming and to the cinema". Staff were deployed in accordance with peoples support needs, records confirmed this.
- The provider and registered manager assessed staffing requirements to ensure they remained at safe levels. They described the recruitment challenges they were experiencing and provided details of contingency measures which included the directors and managers providing direct support when needed.
- People were supported by staff who had been recruited safely and received an induction. Staff spoke positively about the induction process. One said, "I did shadow shifts at the service I now work at. This helped me understand my role and allowed people supported to get to know me and to say if they did or didn't want me to work with them."

Using medicines safely

- Individual medicines risk assessments and plans were in place which described how people wished to receive their medicines.
- Staff made sure people received information about medicines in a way they could understand. We observed staff explaining what they were doing before they administered medicines and asked people if they were happy to take them.
- Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. Staff had ensured people's medicine were regularly reviewed with health practitioners.
- People were supported by competent staff who were trained and followed systems and processes to prescribe, administer, record and store medicines safely.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep premises clean and hygienic.
- The service tested for infection in people using the service and staff. They also demonstrated a commitment to supporting people to receive the COVID-19 vaccine.
- The service had a clear system to monitor the vaccination status of staff and check the status of visitors.
- Staff used personal protective equipment (PPE) effectively and safely.

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

- Assessments of people's care needs had been completed in detail to include each person's physical and mental health needs.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations. People, those important to them and staff reviewed plans regularly together.
- Support plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills. Plans were updated and reviewed when things changed.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, health needs, communication tools, positive support, and human rights. We observed staff using their knowledge in practice.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision. Relatives confirmed they were involved in decisions their loved ones were unable to make for themselves.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff described how their training and personal development related to the people they supported.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals. Staff worked with people to support them to do menu planning and prepare shopping lists. One person told us, "I do my menu planning on a Sunday with staff and they help me do a shopping list. I then go shopping on a Monday."
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. For example, one person was proud to tell us they were learning to make their breakfast. Another person said they could make their own drinks which they hadn't been able to do safely before being supported by the service.
- Mealtimes were flexible to meet people's individual needs.

- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.

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

- People's care and support was provided in a safe, clean and well maintained environment.
- People told us they had been encouraged to personalise their rooms and were included in decisions relating to the interior decoration and design of their home. People showed us their rooms and proudly showed off their favourite items. Every room reflected people's individual tastes and interests. This included large screen TV's, personal computers and gaming equipment for some people and sensory items for others.
- People spoke positively about their rooms. One person told us, "I like my flat, it's lovely" and another said, "I have my room exactly as I like it."

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

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed. Staff spoke knowledgeably about people's health needs and records confirmed people's needs were regularly reviewed.
- People were encouraged to play an active role in maintaining their own health and wellbeing. One person told us about a health appointment they had recently attended. They explained that staff had supported them to understand what it was for and what they should expect.
- People were supported to attend annual health checks and screening. We saw that plans were updated with any new information.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Staff empowered people to make their own decisions about their care and support. People told us they were involved in decisions.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded

assessments and any best interest decisions.

- Staff respected the rights of people with capacity to make decisions.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. We saw staff engaged in conversations with people in a relaxed and natural manner.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. We observed staff taking time to talk with people and engage in their interests with real enthusiasm.

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

- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff took the time to understand people's individual communication styles and ensured people had access to tools they needed to be involved in decision making.
- People and those important to them took part in planning and making decisions about their support. Relatives confirmed this. One said, "[Name] is always included in everything. Their home, activities to participate in, money and contact with friends and family."
- People were supported to access independent advocacy. The registered manager and staff supported people to express their views using their preferred method of communication. We observed this throughout our inspection. People were being supported to express their views and received appropriate help with this when needed.

Respecting and promoting people's privacy, dignity and independence

- Some of the people supported told us they had received training and had taken on the role of dignity champions. One person told us "I love doing this and have learned a lot about dignity."
- Staff respected when people needed their privacy and space. We saw staff providing support to people directly when needed. Staff discreetly observed people to ensure they were available if needed. Staff demonstrated respect and sensitivity when offering support with personal care.
- People described staff giving them privacy when they needed it. One person told us; "Sometimes I just want to be alone and that's always okay." Another said "I like to talk to [Name] on the phone by myself. Staff just say to shout if I need them."
- People's care records provided assurance that staff promoted dignity and privacy.
- People were encouraged to do as much for themselves as possible and records confirmed this.

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 outstanding. At this inspection the rating has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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 maintain contact and spend time with their families. One person told us, "[Staff] help to facetime my mum". Relatives were consistently positive about how the staff had maintained contact with them. One told us, "[Name] comes home regularly as it is so important to us and them. Another said; "[Name] has regular contact with me but also gets to see their friends through social activities."
- Two people had been supported and trained to undertake the role of assistant support worker. Reasonable adjustments had been put in place to support these people that included specific equipment and assistive technology.
- Three people attend a local college and receive paid employment through the internship programme. One person has secured a role as a school assistant.
- Some people had participated in the development of their own quality check tool. The document people used was presented in an easy read and pictorial format. The provider described how this process had brought about positive changes for people supported and their environment. One person had been supported to apply for an adapted bathroom as their needs had changed. This has meant the person has more independence and is able to reduce the number of support hours they have.
- People were supported to participate in their chosen social and leisure interests on a regular basis. Some activities were structured into weekly planners. This ensured people with complex needs had the opportunity to plan and prepare for the activity. One person said, "I enjoy volunteering two mornings a week and I do cheerleading coaching also. I have two rabbits that I love also", another said "Staff support me to plan, save and go on holiday every year. I get to choose which staff go with me. It's important I like who goes with me."
- People described taking on key roles within the service. These included being part of the recruitment process and interviewing candidates. One person said "I like to ask questions and hear the answers. I feel this is important." Another person told us they were an ambassador at the service and were extremely proud to show the inspector around. Some people were involved in health and safety audits and fire checks.
- One person had developed a reflective account of their journey in words, pictures and photographs. It described their life from living at home to living in their own home. It showed the person developing their independence over 3 years. Their parent and the person described how this helped them to see how far they had come.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Staff used a person-centred approach when discussing and planning with people how to reach their goals

and aspirations. Records clearly demonstrated that staff worked with people to identify and achieve the best quality of life outcomes.

- People spoke with great positivity about the support they received. One person told us that the staff helped them to eat healthily and supported them to plan their meals to achieve this. Another person said "Staff help me when I need it but also know when I just need some space. They encourage me, support me but also just listen as sometimes that's all I need."
- People described participating in the setting up and running of a community shop which sold crafts. They also described working in a community café which they had missed during the pandemic. They said they learned new skills and enjoyed working with their friends.
- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. Care plans included details of Activities for Daily Living (ADL) with details of how they were engaged with household tasks. We observed one person cleaning and tidying their room with support from staff.
- The service met the needs people using the service and had considered future needs and preferences. The registered manager and staff had ensured plans had been completed with people and families for end of life support. Some people had plans which reflected that families would take the lead with decision making. Staff were not currently providing end of life support, however, records confirmed they had considered people's preferences should they be required.

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 offered choices tailored to individual people using a communication method appropriate to that person. We observed staff using different approaches with different people, all were relevant and reflected in support plans. For example, staff ensured one person had ample time to process a question and respond before continuing the conversation.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. During the inspection people and staff were engaged in various activities for example, playing a game, going to the shop and planning a cinema trip. Each person's communication preferences were met which meant that people with a range of needs were supported to participate in activities.
- Staff had an excellent awareness, competent skills and a good understanding of individual communication needs. They knew the complexities of people's individual communication and what they were trying to tell them. A new member of staff described how they had been supported by colleagues to understand people's individual communication needs. This had included reviewing information within care plans and learning the signs and gestures people used.
- The provider along with the staff team had worked with people to help them understand about COVID19 and the pandemic. Easy read and pictorial information had been shared with people to support their understanding. One relative told us, "Staff did an amazing job during the pandemic to keep people safe." We saw people washing their hands and showing an awareness of why staff and visitors were wearing face masks. This provided an assurance that people were being fully informed and had adapted in response to the requirements of the pandemic.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One person told us; "If I am not happy with anything or want to complain I know how to. I

would speak to [Staff Name] or [Manager Name]. One relative spoke of how the registered manager had dealt with a concern, "I contacted the service manager and they listened and promptly dealt with my niggles." The registered manager operated an open and transparent approach to managing concerns.

- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. People had regular house meetings and could speak with staff and the registered manager. Records showed their full involvement in these.

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 changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider and registered manager showed immense passion for their roles and people were placed at the heart of the service. Staff were motivated to deliver consistent person-centred care and support, which resulted in positive outcomes for people. People were supported to lead fulfilled lives. For example; People had opportunities to undertake volunteering and employment, gain skills and qualifications. People chose the life they wanted to live.
- People were supported by a management and staff team who ensured people were integral to the development of the service and participated in the implementation of new systems and policies. For example; The quality checker group consisted of seven people from across the providers services. They had developed their own tool based around the nationally recognised standards. This group was also responsible for the production the of newsletter and is led by a staff member that was previously supported by the service. It included information about inter service competitions, good news stories and local news.
- People were very highly engaged in their local communities through an extensive list of activities. While the community café was closed during the recent pandemic, people were supported to batch cook food and this was distributed safely to staff, other people supported and members of the community.
- The directors, registered manager and service managers all worked directly with people and led by example. Throughout the inspection we observed the service managers working with people in a skilful and relaxed manner. They had an excellent understanding of people's needs and were able to provide clear guidance and support to staff. Staff and relative's spoke very highly of the management team. One relative said, "The service looks after me as well as [Name]. I cannot praise the managers enough". A staff member commented "All the managers are supportive. I feel 100% supported." It was evident from the experiences of people and relative's, management and staff put people's needs and wishes at the heart of everything they did.
- Staff felt well respected, supported and valued by the management team which supported a positive culture. One staff member told us, "Teamwork is excellent, it's like working for one big family". Another staff member spoke of how they had been supported, "I have really struggled throughout the pandemic. My manager has been so supportive and understanding. The support has kept me in work." The provider showed an excellent record for training, developing and promoting staff. Service managers described starting work for the provider initially as a support worker and being supported and encouraged to strive for development.
- The provider shared learning from incidents and events that had occurred across their services. This demonstrated an ambition to share good practice and a desire for people to achieve the best outcomes

possible. The provider had introduced trauma informed supervision. This was used to help support staff through emotional trauma post incident and provide them with a period of reflection and the tools to manage their own emotions, thoughts and feelings as a response to the incident. The provider demonstrated this had helped with the retention of their staff team.

- The provider kept up to date with national policy to inform improvements to the service. The registered manager had considered guidance including the principles of Right support, right care, right culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had the required skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. Staff described training opportunities they were actively encouraged to undertake. One member of staff described training being tailored to their needs which gave them additional skills to fulfil their role.
- Governance processes were robust and well documented. The systems helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. The provider monitored quality through online systems and also completed monitoring visits. The registered manager and management team carried out a variety of audits which included health and safety, staff performance and reviews of people's records. Any actions resulting from these audits formed part of an action plan. It was evident from records reviewed actions were being managed effectively.
- The registered manager ensured staff meetings included opportunities for staff to reflect and learn from practice. Staff told us they were encouraged to put forward ideas for change. This provided assurance the quality of the service was being monitored.
- The service operated an open and transparent approach and apologised to people, and those important to them, when things went wrong. Records confirmed this.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. Relatives told us the provider asked them to complete regular questionnaires. One relative said, "I am regularly informally asked if everything is okay and occasionally receive a questionnaire about the service".
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. The service connected with the community through different events to which members of the local neighbourhood were welcome. The provider engaged with the community through there 'driving up quality' event. The events are co-produced using ideas directly from the people they support and staff. People supported fully participated throughout the day.
- The service worked in partnership with advocacy services and health and social care organisations. This helped to give people using the service a voice and improved their wellbeing. One visiting professional said, "They followed a really clear process during the transition period. They included all professionals in the process and [Name] wasn't rushed. They work really well with [Name] and have developed a good staff team around them that know them well."
- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area. They also worked with national organisations including Skills for Care. They fund and supply the use of four Skills for Care I-Care ambassadors who are support workers who inspire and motivate people to understand more about working in social care.

