

HF Trust Limited

# HF Trust - Clifton Court DCA

## Inspection report

72a Broad Street  
Clifton  
Shefford  
Bedfordshire  
SG17 5RP

Date of inspection visit:  
05 December 2019  
10 December 2019

Date of publication:  
20 December 2019

### 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?	Requires Improvement 

# Summary of findings

## Overall summary

### About the service

HF Trust Clifton Court DCA is a domiciliary care agency providing personal care to two people with learning disabilities within a supported living scheme at the time of the inspection. The service can support up to nine people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

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

People were supported to keep in touch with their relatives and maintain relationships, however communication with their relatives about important events in people's lives and financial management was not always happening. This was an area being developed by the manager. People were also able to access local community facilities to avoid social isolation.

People were supported in ways they preferred and had positive, trusting relationships with staff. They were supported by staff who were caring and who knew them well, showed them respect and promoted their dignity. Enough staff supported people to meet their assessed needs.

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 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 safe as staff understood how to protect people from harm and were confident reporting any concerns. The manager ensured risks were assessed and support plans gave staff clear guidance about the care and support people needed and how they preferred this delivered.

People had their medicines administered safely and staff understood how to protect people from the

spread of infection and promote health living. People had regular access to various health and social care professionals when they needed them.

People were supported by staff who were motivated and empowered to provide good quality care by a manager who developed their skills, confidence and understanding of their roles.

We have made recommendations about inclusive care planning and reviews of care, effective quality assurance systems at provider level and effective, open management of people's finances.

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

#### Rating at last inspection

The last rating for this service was requires improvement (published 12 April 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about medicines and safe care and treatment. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see safe, effective and well-led sections of this full report.

#### 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# HF Trust - Clifton Court DCA

## 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 this inspection.

#### Service and service type

This service provides care and support to people living in a '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 did not have a manager registered with the Care Quality Commission. However, there was a manager in post who had applied to become the registered manager. This means that the provider is 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. Inspection activity started on 05 December 2019 when we visited the office location and met with people in their flats and ended on 09 December 2019 when we finished speaking with people's relatives and professionals.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 and two relatives about their experience of the care provided. We spoke with five members of staff including the operations manager, registered manager, senior care workers and care workers. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed a range of records. This included two people's care records and medication records. We looked at two 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.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the previous inspection, risk assessments were not always in place to give staff guidance about how to mitigate risks of people conditions such as epilepsy. Risk assessments that were in place had not always been kept up to date. At this inspection, we found risk assessments had all been completed and reviewed to ensure measures were in place to mitigate the risks and offer staff appropriate guidance.

- Documents were reviewed on a regular basis or sooner if people's needs changed. Equipment such as sensor alarms had been fitted for people who required this as a way of monitoring people using the least restrictive methods. Fire safety was also monitored and regular tests and servicing of equipment maintained.
- Staff had a good understanding of how to manage people's risk, particularly in relation to behaviours which could challenge. Staff understood people were communicating when presenting with these types of behaviours and how to try and de-escalate situations, using as and when needed medicines (PRN) as a last resort.

### Systems and processes to safeguard people from the risk of abuse

- People were unable to communicate easily, however, we observed them to be relaxed in the company of staff. They were smiling and laughing and looked happy being in their homes which suggested they felt at ease? with the staff team supporting them. One relative told us they thought their family member felt safe. Another relative when asked if they thought their family member was safe, said, "Yes, totally [safe]. [My family member] has an amazing relationship with the staff."
- The manager had arranged follow up training and support for staff to ensure they understood how to keep people safe and what to do if they were concerned. Staff understood what abuse might look and recognise less obvious forms of abuse. One staff member told us, "You might see awkwardness or dislike towards a member of staff, marks and bruises, people might be withdrawn or show changes in patterns of behaviour."
- Staff were also more confident to report these incidents. Another staff member said, "We fill out the safeguarding forms and the CQC notifications [if concerned]. We have had training to know how to fill in those forms. Previously [staff] only picked up on the big issues and the little things got pushed to one side, but staff are more aware now and happy to report all issues."
- There were effective safeguarding systems in place to ensure people were protected from harm and improper treatment and all safeguarding incidents had been reported to the relevant authorities. Staff told us they were confident to report any concerns and understood how to report both internally and externally if required. Staff gave us examples of when they had done this and how the manager had listened and acted

to make people safe.

#### Staffing and recruitment

- The manager had robust recruitment processes in place to ensure staff were of suitable character for their roles.
- There were enough staff on shift to meet people's assessed needs and staff confirmed this. The service did use agency staff and we discussed with the manager, the need to ensure agency staff recruitment processes were robust and ensure they had the right skills. The manager explained how they aim to use only regular agency staff who knew people well.

#### Using medicines safely

- Staff received training in medicines administration which included observations by managers of staff practice and knowledge to check their competency.
- Medicine records were accurate and any changes or as and when needed medicines had further information recorded on the back of the medicine chart (MAR).
- Stock of medicines were well managed to ensure people had sufficient supply.

#### Preventing and controlling infection

- Staff had training in infection prevention and control. Staff had a good awareness of how to protect people from infection. One staff member said, "When we work with people we support who have 1:1 at meal times, we encourage them do as much as they can and understand how to use different coloured chopping boards, check dates and temperatures of fridges."
- Staff told us they had enough supplies of all personal protective equipment such as disposable gloves, aprons and show covers. We observed people being supported to follow the prevention of infections by being encouraged to wash their hands.

#### Learning lessons when things go wrong

- The manager had a detailed action plan in place as a result of learning from previous incidents, errors and poor practice. Staff told us how they had been encouraged to reflect on their practice, without blame, since the new manager was in post. The manager was keen to continue a cycle of open learning as standard practice.
- Staff told us they had been encouraged to learn when things had gone wrong in the past and to share their ideas about how to improve care delivery and staff skills. One staff member told us an example of how they had spotted how medicine administration could be improved for one person to reduce the risk of them refusing their medicines. They had agreed a different approach and now induct new staff to this approach to ensure they are aware.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the previous inspection, people were not always supported to make choices and their mental capacity to make those choices had not been assessed. At this inspection, we found the manager had completed a mental capacity assessment for each person for each decision where there was a restriction. For example, around medicines, personal care support, finances, access to food and agreement to use technology.

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.

- People were found not to have the mental capacity to make these decisions and the manager had completed the best interest process for each one. An application for DOLS had subsequently been applied for to the Court of Protection.
- The manager had arranged for staff to have further training and development in the area of the MCA. Staff now had a good understanding of how this process worked and how to ensure people were able to make daily choices. One staff member said, "I have had some MCA training. It is about finding out what people do and don't understand about decisions and then putting it into practice. For example around money or food and how [their mental capacity] could fluctuate. Doing the best interest meetings and having the paperwork to back up what you say."
- We observed staff encouraging people to make choices for activities, food and drink. Staff were very

patient and used a combination of communication methods to support understanding. Staff told us they always sought the persons consent before starting to support them and explained what they were doing.

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

- People had their needs assessed prior to receiving care. This was used to inform people's support plans and risk assessments to ensure it met their needs in line with best practice guidance and their personal preferences. Assessments looked at all aspects of care including physical and mental health, medicines and how to support specific behaviours and conditions such as Autism and Epilepsy.
- Care records had been updated with the support of a quality assurance team and input from a trainer in positive behaviour support to ensure care and support plans reflected best practice initiatives. The plans included early trigger signs and gave good guidance for staff on what to do at each stage to safely de-escalate incidents and support each person in ways that best suited them.
- One staff member told us how the provider supports STOMP. (STOMP), stands for stopping the over medication of people with a learning disability. It is a national government initiative to help people stay well and have a good quality of life. Staff had not yet been able to reduce any regularly used medicines. However, they were aware of the need for 'as and when needed' (PRN), medicines for managing people's anxieties, were to be used only when other strategies had failed.
- Care plans described people's interests, likes and dislikes and now included where the person used any technology such as sensor mats and door alarms. Staff had a really good knowledge of each person and what they liked and which strategies worked for them.

Staff support: induction, training, skills and experience

- Staff told us how they had been receiving a lot of additional training and support over the last few months. The manager had opened up the service to ensure staff had access to systems and records and understood how to use them. Staff felt very motivated and supported by the new manager as result of this. One staff member said, "I absolutely feel supported by the manager. I am the sort of person who will knock on the door if concerned. [Manager] has a lot of time for everyone as they want it to be a really nice service. They are really supportive."
- The manager had also been receiving additional refresher training and was supported by a senior manager and other colleagues to look at how to further develop the service and continue the current level of improvements.
- Staff told us they now received regular supervision and attended staff meetings. They said they enjoyed this support and all meetings were run in a pro-active way where they were able to see an agenda prior to the day and contribute their own views and ideas. The manager showed us their plan of actions which included all staff being up to date on supervisions by the end of December 2019.

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

- People were involved in their menu planning and preparation of meals and drinks. We observed people being encouraged to do as much as they could for themselves when accessing drinks and snacks in the kitchen. Meals were balanced and healthy. Staff told us people could change their mind on the day and they would work flexibly with what food the person wanted at the time.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff encouraged people to follow a healthy lifestyle. Staff had supported one person to access a dietician for advice on how to safely lose weight. This had so far been a great success.
- People were supported to access a range of health professionals such as doctors, dentists, opticians and specialist consultants. They also accessed social care professionals in order to meet their needs and ensure

good healthcare.

- Staff and the manager worked with another agency to ensure good staff cover to meet people's needs. This has co-ordinated to be timely and worked well. We observed a doctor coming to review treatment.

## 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.

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

- Formal reviews of care with people's health and social care teams and relatives had not always occurred regularly. However, the new manager was aware of this and had already put an action plan in place about how they will involve the person, their relatives and their whole care team in more regular formal reviews.
- One relative told us, "[Staff] do involve us in reviews, we normally have a meeting once a year." However, another relative told us how they had not been invited or involved in any reviews.

We recommend the provider consider current guidance on inclusive care planning and reviews of care and take action to update their practice accordingly.

- People spoke to us about what activities they were doing. One person said, "Mum coming" and "Disco." Another person had chosen to go into town that day for a haircut and a hot drink in town.
- Each person had a communication dictionary which detailed how they communicated and what typical gestures and sounds might mean. These were used by staff who were observed using objects and gestures to support understanding and encourage people to make choices about their care.

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

- We observed people being treated well. Staff were kind, patient, polite and professional but also friendly. There was a clear shared respect and trust between people and staff observed through their easy interactions and banter, appropriate touch, good eye contact and laughter.
- Staff spoke about people in respectful language and with great passion about their abilities and personalities. One staff member told us, "[Person] is such an able person. Taking health and safety into account, new activities can be trial and error. We have taken them to the seaside a couple of times and noticed them looking at roller coasters so then taken him to theme parks and fun fairs. [Person] seems to like busy places, even though they don't like crowds sometimes, probably because [Person] is people watcher so in the right mood and setting they like it. We have tried trampolining to meet their sensory needs. They like to be constantly moving."
- We spoke with relatives for their views about how their family members were treated as people had very limited communication to tell us themselves. One relative told us, "Staff are good, they have a rapport with [my family member] and treat them as an equal, like a friend. They do wonderful things, took them to London, Brighton, Southend, for haircuts, shopping, or crafts. They seem to really know [my family member]"

well and they gel well with [staff]." Another relative said, "[My family member is very, very happy there and staff interact with them very well. It is probably the best home they have ever been to."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their personal hygiene and ensure they wore clean smart clothes. We observed staff encouraging one person to shave and to understand the importance of looking well. A relative told us, "I can't fault [my family members care at all. We have never gone over there to find they were dirty or smelly, they keep them really nice and clean." By ensuring this level of care, staff were promoting dignity in care.
- Staff told us about a system called Person Centred Active Support (PCAS). This is a way of encouraging people to do things for themselves little and often and then building on these skills to further develop people's confidence and independence. We observed one person telling staff they wanted, "Tea." Staff encouraged them to come and choose their drink and make it for themselves with verbal prompts and physical support as required.

## 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.

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 understood how important family connections and maintaining those relationships were to people. However, relatives told us there were still concerns with communication between the staff and relatives about important events in people's lives. Relatives confirmed there had been some improvement after they requested it and further discussion was taking place to address this issue.

We recommend the provider consider ways of supporting people to ensure good communication between them and their relatives and take action to update their practice accordingly.

- Staff were also very keen to involve people in new experiences such as trips and days out and fully utilising the community.
- While most people chose not to socialise with their peers, people told us their family visited them and they were able to socialise at discos. We observed people coming home from using community facilities such as shops, restaurants and hairdressers.

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

- Staff supported people to receive personalised care and support to meet their needs. Staff told us the opportunities to do this had greatly improved since the new manager had started at the service. Staff now felt more confident to be flexible with people's activities and support to match their preferences and physical and mental well-being each day. This meant people were starting to try new activities and growing the confidence to indicate what they wanted.
- People's care plans had recently been reviewed and updated to ensure the detail of people's likes and dislikes were included. This also gave staff up to date guidance on how to support people in the ways they preferred.
- Although the environment was not inspected as the service was a domiciliary care agency, the manager had assessed people's needs in relation to this. They explained to us how they had judged that some shared flats were not large enough for more than one person and planned to change this.
- One person was unable to have access to a working kitchen in their flat due to their assessed needs and risks. However, a communal kitchen was always available to them with staff support whenever they wanted. This enabled them to be supported safely in a way they preferred but gave space in an adjoining room for staff to support the person to manage any anxieties and changes in behaviour safely.

### Meeting people's communication needs

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

- People had complex communication needs and used a variety of methods to communicate their wishes. These included verbal speech, some signing, gestures, using objects to reinforce speech and other visual cues.
- Staff had a good understanding of people's language and behaviours and gestures. One staff told us, "[Person] can make their own choices for daily things. They have limited speech but can get across what they need. For example, they might say 'tea' but might not mean tea. Sometimes they point and sometimes they say it verbally. 'Toast' means hungry, 'tea' means a drink."
- The manager and staff team understood how to use other methods should they be needed such as large print, pictures and sign language. Staff confirmed communication tools and information was tailored to people's individual needs and would be adapted for any new people moving into the service.

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

- The provider had a robust system in place for monitoring complaints. This was recorded electronically, and the system gave prompts as to what actions were needed and who the complaint should be reported to depending on the type of complaint. This was also able to be monitored and reviewed by senior managers.
- Staff understood how to support people to complain and told us they were confident the manager would listen to any concerns and take action when needed.

### End of life care and support

- The service was not providing end of life care at the time of inspection. We discussed the need to review people's end of life wishes while well to ensure they were known in the event they became unwell. The manager had plans to review this area of care with people's relatives and external professionals.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the previous inspection, there were concerns about poor communication with people, their relatives and between staff members. There was also a lack of staff supervision and development. Peoples care plans and risk assessments were not always current and correct. At this inspection most of these areas of concern had either been resolved or action plans for improvement were in place.

- While there had been a lot of improvements at the service, some areas for improvement were still in progress and were still a concern for relatives and professionals we spoke with. One relative told us, "The only concern at the moment is the communication, there was a safeguarding a few months ago and we have only just found out about it." A social care professional told us they had concerns with overall governance at a provider level and some emails had not always been responded to by senior managers.
- The areas of concern included; ensuring good resources and support at a provider level were sustained. Ensuring provider level quality assurance systems were effective in the early identification of concerns at services. Concerns around clear and open communication with relatives about daily and significant events in people's live be shared including serious incidents and outcomes. Involvement of relatives in care reviews and care planning including the safe financial management of people's benefits.

We recommend the provider consider current best practice guidance in relation to the above concerns about provider level systems of quality assurance, inclusive care planning, effective financial management and communication and update their practice accordingly.

- The service had gone through a lot of changes since the last inspection. Two previous managers had left the service and a third manager was now in post. The new manager had a clear vision for the service and this had been communicated to staff.
- Staff used observation of people's reactions and behaviours to judge their views on their care and service delivery. Relatives told us how staff knew their family members well and understood their needs and communication methods.



- Relatives had been asked for their views through the use of surveys. Comments in the surveys were positive. Things relatives thought the service did well was keeping their family member safe. Areas for improvement was around better communication with relatives. The manager had collated all outcomes and comments and implemented actions for improvement such as, all staff to be trained in Makaton, which is a system of speech, symbols and signs to better aid communication or people who are unable to communicate verbally.
- Staff told us they felt motivated and empowered due to the manager implementing clearer systems and showing them how to use them. Staff better understood their roles and were keen to continue to improve the quality of care for people. One staff member told us, "With [the new manager], there is a lot more transparency, the office door used to be locked at all times even if managers were in, so much paperwork everywhere. We never had files in the right places. Now we know where everything is and what is in place. It was quite difficult over the last six months, but now it so much neater and tidier. It is empowering now, and I feel good."
- The manager had a good understanding of how to create an open and inclusive service which empower people and staff to make their own choices and try new ideas. They also understood the duty of candour requirements which require an open and honest sharing of information and reporting of incidents. They had plans to address concerns around communication.
- Staff told us how they had been involved in meeting with the manager and other senior managers to gain their views about what needed to improve and agree the vision for the service and how to take this forward. They told us they felt very valued as a result.
- The manager displayed the rating of their most recent inspection in the office location and on the provider website. They reported all incidents and serious events. Staff told us how the manager had also supported them to understand the importance of reporting less visible and lower impact incidents which could still result in harm or abuse. Staff felt more confident about reporting these.
- The manager and staff demonstrated in how they spoke and their action their passion for providing a personalised service and high quality of care. Any current shortfalls still requiring improvement had been identified and the manager had implemented a detailed plan for improvement which included staff taking responsibility for certain areas in the plan.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager had experience of managing this type of service and showed they had a good understanding of the requirements of their role. They were of best practice in relation to people with learning disabilities and shared this knowledge with the staff team.
- The manager had arranged for the providers internal quality team to conduct a thorough audit of all aspects of care and all systems and processes. They produced a report which the manager then incorporated into the service improvement plan. Actions in the improvement plan were signed off as they were completed so the document was kept live. The plan was then reviewed at least monthly for progress.
- Staff told us they felt very supported by the manager and they were now much clearer about what their role involved and how to apply this knowledge to their practices. One staff told us, "We definitely we get a lot more input and so obviously I have seen a big change...[supervision] used to be more one sided or a manager having a two-hour rant, that put you on a downer as we needed positive feedback too. With [new manager] we are supported. They gave us five bits of paper to reflect on what was going well and what not so well and what needed to be improved and we added that into the improvement plan. We can add to an agenda [of meetings] now, it is put up prior to the meeting."
- Staff now participated in regular team and individual meetings and felt able to contribute. Staff told us how they were encouraged to reflect and learn from their experiences and how they were fully involved in the current and planned improvements for the service.

- A senior manager told us how they were supporting the manager with the changes and ensuring the provider and various in-house teams such as the quality team and PBS trainers were utilised. They were looking at the culture of teams and how to further develop this area. They were also focusing on how the environment met the needs of people. They told us about how they involved senior support staff in creating the vision for the service. This will soon be shared with the rest of the staff team for their input before finalising.

#### Working in partnership with others

- The manager explained how they were working with external providers of activities to review what people wanted and what was the most suitable. They were also working closely with social care professionals to monitor and drive forward the areas for improvement at the service.