

# Achieve Together Limited

# Bradwell House

## Inspection report

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Date of inspection visit:  
09 February 2022

Date of publication:  
18 March 2022

## 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

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

Bradwell House is registered to provide personal care and accommodation for up to 10 people. There were 10 people using the service at the time of our inspection who had a range of health and support needs, these included learning disabilities. Some people had additional conditions such as sensory impairment, epilepsy and autism.

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

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

#### Right Support

Staff supported people to achieve their aspirations and goals and people Staff focused on people's strengths and abilities to learn and develop new skills. People were supported to pursue their interests that they had chosen.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Peoples bedrooms reflected their personalities and interests.

The staff worked positively with people when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. 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 outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

#### 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.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Staff knew people well.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### Right culture

Staff placed people's wishes, needs and rights at the heart of everything they did. People led inclusive and empowered lives because of the ethos, values, 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 autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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

This service was registered with us on 21 September 2020 and this is the first inspection. The last rating for the service under the previous provider was Good, (published on 29 March 2019).

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. The service had not been inspected since registration with the Care Quality Commission.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bradwell House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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.

# Bradwell House

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

Two inspectors carried out the inspection.

#### Service and service type

Bradwell House 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. We visited the service on 9 February 2022. We continued to review evidence and speak with relatives until 16 February 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection-

We communicated verbally and nonverbally six people. We spoke with seven members of staff including, registered manager, deputy manager, and five support workers.

After the inspection

We spoke with four relatives. We continued to seek clarification from the provider to validate evidence found. We looked at two risk assessments, quality audits and the results of surveys.

# 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 service under a new provider. 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 were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The staff worked well with other agencies to do so. If safeguarding concerns were identified they were reported to the county council safeguarding team. Investigations were completed and appropriate action was taken to prevent them occurring in the future.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they would not hesitate to report any concerns to the registered or deputy manager and they were confident action would be taken. They also knew who to report concerns to externally.
- Relatives were confident that their loved ones were safe living at Bradwell House. One relative said, "I totally trust the staff to make sure (my relative) is safe and happy."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible.
- The staff helped keep people safe through formal and informal sharing of information about risks. Staff understood the risks to people and knew how to support them safely. For example, there was detailed step by step guidance in place for a person with epilepsy and how to manage seizures safely.
- Staff recognised when people were becoming upset or distressed. They knew how to support them to minimise the need to restrict their freedom to keep them safe. Staff used a consistent approach with one person when they were upset. They knew what to say and what not to say to the person to minimise the impact of their distress.
- Risks within the environment had been assessed and mitigated where possible. Checks were completed on the service to ensure it was safe, for example to make sure electrical and fire equipment was in good working condition.

Staffing and recruitment

- There were enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. Staffing levels fluctuated day to day to allow for people to take part in the activities they enjoyed.
- Staff told us, "We always have our safe numbers. We always make it work. People are always safe, and they are always cared for."
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.

- Checks had been completed on staff before they worked with people, for example staff had completed application forms with a full employment history. Checks had been completed with the Disclosure and Barring Service to check for any criminal records or professional misconduct.

#### Using medicines safely

- The staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Nobody was prescribed 'as and when' medicines for their behaviour. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). If people needed medicines for pain, there was guidance in place.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating. People were given choices about how they took their medicines. Some people preferred to take their medicines in yogurt as it made it easier for them to swallow. Staff had checked with the doctor that it was alright to do this.
- People were supported by staff who followed systems and processes to 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 in place to keep the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.
- From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

#### Learning lessons when things go wrong

- When incidents had occurred, action had been taken to reduce the risk of them happening again.
- Staff raised concerns and recorded incidents and near misses and this helped to keep people safe. When a person had a near miss crossing a road the number of staff supporting them when they were out was increase from one to two.



# 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 service under a new provider. 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

- Before people moved into the service, the registered manager carried out an assessment of their needs. This reviewed the support people needed, and if the service could provide this support. The assessment took into consideration people's protected characteristics including any religious beliefs they may have.
- The registered manager assessed if the person would be compatible with the people already living at the service, they considered their communication needs, and if these could be met by staff prior to accepting any new people. The most recent person to move into the service has a successful transition. A healthcare professional said, "It was lovely to see [name] settled and happy at Bradwell house."
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs.
- The registered manager reviewed and updated people's care plans as they go to know them better. During team meetings it was communicated with all staff that new people's care plans would need to be reviewed and amended weekly, sometimes daily.

Staff support: induction, training, skills and experience

- Updated training and refresher courses helped staff continuously apply best practice to the people they cared for.
- Staff could describe how their training and personal development related to the people they supported. Staff we spoke with told us they had the training and support to do the best job they could. Staff told us they completed training in epilepsy and were confident supporting people during seizures. Staff were able to explain when they would seek medical advice for the person, and how they would support the person to be as comfortable as possible following a seizure.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. The service checked staff competency to ensure they understood and applied training and good practice. Staff confirmed they received regular supervision and thought they were well supported. All the staff we spoke with told us they felt well supported by their manager. Staff told us, "The manager is amazing. She's always there for you, all the time. She does her best she can. She always pushes us to do the best we can."
- All staff completed the providers induction programme which took place over two weeks and combined shadowing shifts and completing training. Alongside this the registered manager had additional learning for staff members to complete, relating to local procedures and policies.

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 supported people to be involved in preparing and cooking their own meals in their preferred way. We observed people enjoying preparing their lunch.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating.
- Staff identified that one person who could not verbally inform them what they wanted to eat had shown an interest in a yoghurt another person had (with medicine). Staff supported the person to buy yoghurts to have for breakfast, which they told us the person enjoyed.

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

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Relatives told us the staff respond very quickly if there were any medical issues and staff contact them to let them know what was happening.
- Staff worked well with other healthcare services and professionals to prevent readmission or admission to hospital. When people were admitted to hospital staff from Bradwell House stayed with them to make sure they received the care and support they needed in the way it suited them best.
- People were registered on their GP's quality and outcomes framework, so that any reasonable adjustments were made to meet their individual needs.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People's bedrooms had been decorated to meet their individual tastes and were personalised. Some people had inspirational quotes on their walls whilst others had paintings of things they liked.
- People had access to several different outside areas to spend time and take part in activities. There was a sensory room in the garden, which contained musical instruments for people to enjoy, and an activity room. People had access to three gardens, swings, trampolines and a sensory garden and sensory wall.
- The garden was accessible for all people; there were ramps to enable wheelchair users to easily access the garden, and an adapted swing was in place to ensure everyone could utilise this.

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 MCA 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.

- For people the service assessed as lacking mental capacity for certain decisions, staff recorded

assessments and any best interest decisions.

- Staff empowered people to make their own decisions about their care and support. Staff knew people had the right to make day to day choices. We saw staff offering people choices throughout the day, for example about what people wanted to eat and where they wanted to spend their time.
- Staff understood the requirements of the MCA, and how to support people to make their own choices. Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was documented. Staff told us, "We always promote them making their own choices. It's their lives, I wouldn't want someone deciding for me, I would want to choose my own outfit for example."

# 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 service under a new provider. 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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff spoke about people with fondness. Staff said of one person, "They are the life and soul of the place," and of another person "They have the most handsome smile."
- Staff recognised when people became anxious and offered them emotional support. Staff spoke with people in calm, firm voice to give them assurances, speaking to people at their levels.
- Staff knew people well and understood how they liked to spend their time. People were given options, but some enjoyed the same routines, such as going to the shops to purchase a book and lunch out. Staff told us they really enjoyed going out with people and supporting them to spend their time as they wanted.
- People were smiling, happy and relaxed. Staff told us, "[name] and [name] always say they are happy. They are always smiling and laughing. If they were not happy, they would stay away from people and be closed off." A relative fed back, "I just want to say again how great you and your staff team have been in supporting X. I know he is happy and enjoying his life."

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

- People were supported to express their views and be involved in all decisions. Some people were able to inform staff about what they wanted. Staff told us other people needed support, for example to be given two choices.
- There were various communication tools available for people and staff. PECs cards were hung in most communal areas, to support people to communicate what they wanted. (The Picture Exchange Communication System (PECS) is a way for autistic people to communicate without relying on speech).
- Staff advocated on behalf of people and challenged healthcare professionals when necessary. For example, one person was given a DNAR whilst in hospital, which staff did not believe was appropriate. Staff challenged this with the support of the GP and successfully removed it for the person.
- Staff supported people to maintain links with those important to them. Relatives told us, the staff make effort to make sure they see each other. One relative said they lived a long way from the service. The staff meet them halfway with their loved one so they can go and visit their family regularly. Another relative said, "The staff pick me up from the train station when I am visiting (relative) and give me lift back. It makes it so much easier for me. They do go over and above."

Respecting and promoting people's privacy, dignity and independence

- People were very well dressed, and when staff complimented on their clothes or hair they smiled and looked happy. People were encouraged to do as much for themselves as possible. People who wanted to, helped prepare meals, Hoover and clean the house. One person was being supported to increase their

independence; they progressed from always going out with staff, to starting to go out alone, small distances. Staff told us they were working up to the person going to the shop without support.

- Staff understood the level of support people needed to be as independent as possible. For example, when supporting someone to walk around the house staff would advise them of any potential risks or hazards.
- Staff supported people to maintain their dignity and independence when supporting them with personal care. Staff told us, "When I am doing personal care, I ask them to do hand over hand to support them and make sure they are comfortable." Staff knew when people needed their space and privacy and respected this. People were able to spend time alone if they wanted to.
- Staff were supporting people to try to learn new skills, for example budgeting. Staff told us, "He is always planning what he is buying next. We try and help him focus on saving for one thing at a time."

# 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 service under a new provider. 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 used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. Each person had a care plan that detailed the care and support that they needed in the way they preferred and suited them best.
- Staff knew people well. Some people had lived at the service for a long time and there was number of staff who had worked at the service for many years. Staff had the skills and knowledge to support people with their individual needs
- 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.
- People participated in everyday daily living activities. People had been supported to increase some aspects of their independence. There were personalised plans in place to support people to maintain and develop new skills. One person had a video /audio recording to show staff exactly how to support them in the kitchen in ways that promoted their independence and embedded new skills. The person was able to do more for themselves as they received a consistent approach from staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand.
- There were visual structures, including objects, photographs, use of gestures and symbols. Some people used electronic devices to help them communicate which helped people know what was likely to happen during the day and who would be supporting them.
- People had individual communication passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff understood how people communicated, by their presentation and their vocalisations. For example, one staff member told us that if a person was unhappy their vocalisations were louder, and sounded sad, whereas if they were happy, they were higher pitched, and the person would smile.

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 had the opportunity to try new experiences, develop new skills and gain independence.
- People were supported to live fulfilled lives. Some people went to an art club on the day of our inspection. They told us how excited they were to go; that they got the opportunity to dance, sing, and draw. It was clear that this was an activity they enjoyed and looked forward to. Other people were involved in a local farming project run by volunteers. One relative said, "(Name) is always out and about doing something."
- Most people had regular contact with their families. People were supported by staff to visit their families, have overnight stays and days out. People were supported to with their religious and ethnic beliefs and practises.

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team. There had been no recent complaints.
- The complaints procedure was accessible to people and their relatives. Relatives said they would have no hesitation in complaining if necessary. They said the registered manager would listen and take action. No-one had any concerns at the time of the inspection. Staff frequently checked with people using their preferred form of communication to find out if they had any concerns or were worried about anything. Staff said they knew people well enough to know when something was wrong.
- Staff and the registered manager received cards and compliments from relatives and loves ones. One card said, 'Thank you so much for the care and love you have given to [name]. It is very much appreciated.'

End of life care and support

- There was no one receiving end of life care at the time of the inspection. However, some discussion and consideration had taken place to find out what people wishes were at the end of their lives.

# 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 service under a new provider. 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 and deputy manager were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. The registered manager worked directly with people and the staff team. They led by example. People approached and interacted with the registered manager throughout the inspection. Relatives spoke highly of the registered manager and the staff team. A relative said, "The registered manager has been brilliant, especially during the pandemic. They have kept me up to date with my (relative). They always have time to speak with me and reassure me if I have any concerns."
- The registered manager and staff understood the aims and values of the service to provide personalised care and support, this was the culture amongst the staff team. People were priority and at the heart of the service.
- People were supported to do as much as possible for themselves and live fulfilling and active lives within Bradwell House and in their local area. People were supported and empowered to do as much as possible for themselves.
- A relative said "The registered manager is very responsive. If there are any issues, they are sorted out immediately. Staff said they feel supported and listened to. Their ideas were listened to and acted on. One staff member said, "You can go to the manager or the deputy. The managers door is always open."

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The registered manager understood their responsibilities under the duty of candour when incidents occurred (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The registered manager kept families informed of any concerns with their loved one.
- A relative said, "Yes, well informed by them all. The registered manager will call me with updates. We are involved in all aspects of [my relatives] care. They have put lots of things in place to make sure [my relative] is getting everything they need."
- When things had gone wrong the registered manager and staff were open and honest. Investigations took place and action was taken to make improvements and prevent any re-occurrence.



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

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs. They had oversight of all aspects of Bradwell House and the people who lived there.
- The management team worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. The provider offered incentives and rewards to the staff team to recognise their hard work to make sure people lived the best life.
- Governance processes had been effective in identifying shortfalls and action was taken when any shortfalls were identified.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

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

- The registered manager promoted equality and diversity in all aspects of running the service. Peoples individual needs were identified and respected.
- People, and those important to them, worked with the registered manager and staff to develop and improve the service.
- Staff encouraged people to be involved in the development of the service. People were involve in recruiting new staff. People chose how the service was decorated and were involved in decorating their bedrooms.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.

Continuous learning and improving care: Working in partnership with others

- Staff were supported to improve their skills completing the provider's career pathway. A member of staff said, "I am doing my NVQ3 (a recognised care qualification) now and the manager pushed and supported me to do that. She's always encouraging me to do more. She knows I can do better than I think I can."
- The registered managers and staff worked well in partnership with health and social care organisations, which helped to give people a voice and improved their wellbeing.