

Salutem LD BidCo IV Limited

Mill Lane

Inspection report

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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

About the service: Mill Lane is a residential care home that was providing personal care to five people at the time of the inspection.

The service was set up prior to the Registering the Right Support guidance. However, the service worked in line with the principles and values that underpin Registering 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 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 received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using this service: The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways. By staff's promotion of people's choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and becoming more independent.

People at Mill Lane received outstanding care and support by a registered manager and staff team that were committed, passionate and knowledgeable. Staff were creative in helping people to express their views and people were consulted about all aspects of their care and support. People were provided with pictorial guidance and other communication tools to involve them in decisions. These various methods helped staff, alongside the person where possible, identify the persons aspirations and goals and plan the review of each person's care.

Staff were flexible and responsive to people's individual needs and preferences. Often finding creative and innovative ways to help people live a full and meaningful a life as possible. Staff were interested in and found out about people's interests and supported them to maintain these. They knew people well and were skilled at engaging them in activities they enjoyed, including trips out. People lived busy social lives and took part in a wide range of interests, including teaching sign language and paid work that helped promote their confidence and well-being. Engagement in activities and support networks outside of the service was an important part of people's lives. Staff enabled people to take a key role in the local community and were always looking to build further links.

There was a strong recognition from staff that people were individuals. Staff spoke enthusiastically about providing people with high quality, person-centred care. Staff were skilled at recognising when people were feeling vulnerable, needed reassurance and how this was to be given.

People's wishes, ideas, suggestions and concerns were listened to, respected, and acted upon. Staff took time and strove to overcome any obstacles to help people achieve their aspirations and how people wanted to spend their time. This made people feel empowered and valued.

Staff knew how to protect people from risk and harm and how to report concerns. Information was provided in different formats, to help enable people to understand how to report any incidents of harm. Staff identified any accidents and incidents that happened and quick action was taken. Learning was shared with other staff, to reduce the risk of it happening again.

Risk management plans provided detailed information for staff on how to reduce and monitor the risks to people's health and welfare. Equipment and technology was used to increase people's independence and support people's well-being. People were having their medicines as prescribed. Staff were working with external health professionals and current guidance to promote people's well-being.

An advocacy service was available to people to make sure their needs and wishes were communicated and listened to. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People received a kind and compassionate service from staff who knew their care and support needs very well. Staff maintained and promoted people's privacy and dignity and respected their equality and diversity.

People were involved in the recruitment of potential new staff. Staff were trained to meet people's care and support needs and development opportunities were in place for staff to increase their skills and knowledge. Supervisions and competency checks were in place to monitor and develop staff.

The provider and registered manager were experienced, skilled leaders who were committed to involving people, relatives, staff in the development of the service. People, their relatives, representatives, and staff were involved and enabled to make suggestions to improve how the service was run. Audit and governance systems were in place to monitor the service, to drive forward any sustained improvements required. The registered manager and their staff team linked up, communicated and worked with other organisations to ensure people's well-being.

Rating at last inspection: This is the first inspection of this service since it underwent a registration change on 4 May 2018.

Why we inspected: This was a planned inspection as part of CQC's routine inspection programme.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 exceptionally responsive
Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led
Details are in our Well-Led findings below.

Outstanding ☆

Mill Lane

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of an inspector and an assistant inspector.

Service and service type: Mill Lane is a 'Care home.' People in care homes receive accommodation and nursing and 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. Mill Lane is not registered to provide nursing care. Mill Lane accommodates five people in one adapted building.

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 two days' notice of the inspection site visit because it is small, and the manager is often out supporting staff. We needed to be sure that they would be in.

What we did: Prior to the inspection we reviewed information we held about the service to aid with our inspection planning. This included notifications. Notifications are incidents that the registered manager must notify us of. The provider also completed and sent CQC a Provider Information Return (PIR) in March 2019. Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspection. We also contacted other health and social care organisations such as representatives from local authority contracting teams and safeguarding team. We also contacted Healthwatch (an independent organisation for people who use health and social care services). This was to ask their views about the service provided.

During the inspection we spoke with two people who used the service. We also spoke with the registered manager, a senior support staff and two support staff. We looked at two people's care records and corresponding risk assessments, and monitoring records. We also looked at records used in the

management of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff received training and knew the processes in place to protect people from harm and poor care. A staff member confirmed, "I have had safeguarding training. It is about raising concerns. I would raise with senior [staff member]. If this didn't work I would go above [them]." They told us that there was a telephone 'hot line' they could report concerns to. Staff also knew they could report to external agencies such as the CQC, as one staff member said, "[If and when] every other avenue didn't work."
- Safeguarding was on the agenda for meetings held with people at the service. This was to help embed their knowledge that it was very important to raise any concerns they had or if they felt unsafe. Because of this a person confirmed to us that when worried they would always, "Talk to [named staff member]."
- Staff knew how to whistle-blow and were aware of the providers policy on this. Whistle-blowing is a process where staff are given a safe arena to report any poor standards of care, harm or discrimination. A staff member said, "I would feel confident about whistleblowing. The [registered manager] would deal with it if a concern was brought to her. I have never had a reason to [raise concerns] but I feel comfortable to talk about anything."
- The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and notify the Care Quality Commission.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place as guidance for staff to monitor their assessed risks. People's risk assessments detailed the reasoning behind any actions taken to reduce these risks. Conversations with staff showed their knowledge of appropriate actions to take to help reduce risks to people.
- People could take and were encouraged to take risks where this was safely managed. Risks to people were reviewed regularly and changes to people's care and support needs were implemented.
- Servicing and maintenance checks for equipment, fire systems, water and utilities around the service were carried out. These were to keep people, staff and people's visitors to the service as safe as possible.
- People had an individualised personal emergency evacuation plan in place as guidance for staff in the event of an emergency such as a fire.

Staffing and recruitment

- Effective systems were in place to ensure that appropriate staff were recruited.
- Assessments were undertaken on people to determine the safe number of staff needed to support them. This information was used to determine the number of staff needed to work each shift.
- Observations during the inspection showed there were enough staff on duty to support people with their choices of what they wanted to do and where they wished to go throughout the day.

- Agency staff were used alongside permanent staff to support people. The registered manager explained that whilst recruiting for permanent staff, consistent agency staff were used. These agency staff would get to know the people they were supporting well and understand their individual needs. A staff member said, "I have no complaints about agency [staff] members, they work well as part of the team."

Using medicines safely

- Staff received training before they were able to administer medicines to people and their competency was regularly reviewed.
- Arrangements were in place to safely receive, store, administer and dispose of people's prescribed medicines.
- Records that documented the administration of people's medicines were in good order. People who were prescribed their medicines as an 'as required' basis had information for staff in place to guide them to when these medicines were to be used.
- Internal audits and an external pharmacy audit of people's medicines took place to help ensure safe practice.

Preventing and controlling infection

- Rooms at the service during this visit were clean with no malodours.
- Staff were trained on infection control and food safety to help reduce the risk of cross contamination.
- Staff confirmed that there was enough personal protective equipment (PPE) of aprons and gloves for them to use and that these were single use items only. A staff member said, "We have a stock room full of supplies."

Learning lessons when things go wrong

- Accidents and incidents that happened were documented and any actions taken to reduce the risk of it happening again were recorded.
- The registered manager and staff acted because of shared learning from these incidents to help reduce the risk of recurrence.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they used the service and reviewed whilst using the service. From information gathered, care and support plans and risk assessments were developed with the person and, or, their relative or legal representative or advocate.
- The registered manager and staff worked closely with external health professionals and organisations such as the Speech and Language Therapists (SALT) team. This made sure people were being supported effectively in line with current best practice guidance and to promote people's well-being.

Staff support: induction, training, skills and experience

- New staff were required to complete an induction that was the Care Certificate. This is a nationally recognised training programme to develop staff with the skills and knowledge required to work in health care.
- Staff had been trained to develop their knowledge and skills to support people effectively and help them with their independence. This training included training deemed mandatory by the provider and specialist training to meet people's more complex health and support needs. A staff member said, "All staff receive epilepsy training and a knowledge check afterwards, training is specific to residents' needs."
- Staff were encouraged to develop their skills whilst working for the provider. The registered manager said, "A new leadership management manager has just joined to support staff development. Some new staff members would like to do a level 2 Diploma in Health and Social Care and they will be supported to do that. We focus on mentoring [staff]."
- Staff told us, and records showed they had supervisions, observation competency checks and support to carry out their roles effectively. A staff member said, "[Supervisions are] helpful and make you feel like you're being supported. You discuss how you are doing, it begins as a broad [discussion] and then becomes more detailed. You discuss relevant issues and changes in residents. [Supervisions] are based on things important to the staff, highlights training needs, and next goals."

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

- People, where possible were supported by staff to prepare meals and drinks to help promote and maintain their individual daily living skills.
- Staff promoted people's rights to choose what they wanted to eat, where they wanted to eat and the time they wanted to eat. A person said, "[I] get choice of soup, my favourite is tomato."
- Staff promoted and helped people maintain their independence by using adapted crockery and cutlery, so they could eat independently with little or no staff support.
- Staff supported people at risk of choking by helping them and, or, preparing food and drinks to the

correct consistency in line with Speech and Language Therapist guidance. This information was clearly documented and readily available for staff to refer to when needed.

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

- □ Staff supported people to set up or attend external health appointments.
- □ To promote people's well-being and to promote healthier lives, external health and social care professionals and agencies worked with the registered manager and staff. These included representatives from the SALT team, people's GP's, social workers and physiotherapists.
- □ Staff had worked alongside the SALT team. This was to enable a person who was at risk of choking to continue being able to drink their favourite alcoholic beverage whilst visiting the local pub. Additional support from staff was put in place to help remind the person to drink sips of [named drink] slowly when at the pub.
- □ A person told us about their physiotherapy exercises that staff assisted them with. They laughed as they told us, "Sometimes I want it done and sometimes I don't want to know."

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

- □ The registered manager engaged people in discussions and decisions about the environment they lived in.
- □ People's rooms were decorated differently from each other and were very personalised. People chose the colours that decorated the communal rooms of the service and their own rooms. Most communal rooms were brightly decorated. The registered manager said, and we observed, "People have chosen the wall colours of the home which is why it is so bright and vibrant."
- □ Signs and posters were in different communication formats to help enable people's understanding.
- □ Equipment and technologies supported high-quality care, people's well-being and enabled people to do more things independently.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- □ Staff were very clear that people were to be encouraged to continue to make their own decisions. The registered manager had completed mental capacity assessments and had submitted applications to the local authority. This was where staff had concerns that people may not be able to make their own decisions. Appropriate applications to deprive people of their liberty had been sought and authorised.
- □ A person confirmed to us that, "Staff listen to me...I choose my own clothes."
- □ Staff explained to us how they encouraged people to make choices using different communication aids to support this. As staff member said, "You always assume that a person has full understanding of everything you are asking them. Even if someone has a DoLS in place for [mental] capacity. Still talk to the person normally, get to know them, ask people around you to see how is best to communicate with that person."

Learning by example, give them adapted choices, e.g. if a person [communicates using] yes or no. Questions have to be limited to yes or no [answers]."

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

Good: 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 had very positive opinions about the care and support they received from staff. This was because staff treated people with kindness and compassion.
- One person told us they were, "Happy and contented...staff speak nicely."
- Staff considered each person's needs and acted according to people's strengths and assisted people when they needed help. Staff encouraged people to do as much as they could themselves.
- People's care was not rushed, and staff supported people at the pace the person preferred. Care records reminded staff to respect people's choices and to help people to maintain their independence and reach their individual goals.
- The atmosphere in the service was calm, compassionate and inclusive. Interactions throughout the day between staff and people which were gentle, respectful and kind. People's body language and facial expressions showed that they were fond of the staff members as they interacted, smiled and communicated with them.
- Staff respected people's diverse needs and preferences, and they provided care in a way that supported this. Our observations showed staff treated people in a non-discriminatory way.
- Staff adapted their interactions with people according to people's interests. For example, a person's love of working was a source of conversation including with the inspection team. The person appeared to enjoy the interaction and the banter.

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

- People were able to express their views at a variety of meetings and discussions with staff.
- For people with limited verbal communication various communication tools were used to by staff enable the person to be involved in the decisions about their care and support.
- Observations showed staff communicating with people and discussing what to buy when out shopping and what they wanted to do.
- We saw staff hold people's hands and lean in close for the person to clearly see their face and speak slowly to aid with their understanding. We also saw another staff member communicating with a person by starting conversations for them. For example; "What animals did we see at the park? We saw a big fat..." Allowing the person to respond with the word, "Pig." This showed us that people were empowered and encouraged by staff to interact, feel involved in conversations and communicate wherever possible.

Respecting and promoting people's privacy, dignity and independence

- Measures were in place to make sure that people's personal information, including care records were held securely.

- Staff knocked and introduced themselves before entering a person's room. Personal care support was carried out by staff behind closed doors thus promoting and maintaining people's privacy and dignity.
- People were supported to maintain their friendships, develop new friendships and visitors were made welcome to the service. This included keeping in touch with the use of electronic technology.

Is the service responsive?

Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- □ People received personalised care and support that was very responsive to their current needs and future goals.
- □ Staff had very detailed knowledge and great understanding of each person and their care and support needs. Staff spoke with affection and immense pride about the people they supported and cared for. This included aspirations people wished to achieve. Staff used innovative ways to go the extra mile to help people achieve their ambitions and there were exceptional results no matter how high a person's aspiration was. The registered manager gave us examples of how staff at the service had transformed people's lives. They said, "[Named person] was very dependent on their parents, asking permission and discussing all aspects of their day with them, in moving here, [named person] is much more independent. Their parents were told that [the support given] is about [named person] living their [own] life. Parents call this service [named persons] forever home."
- □ Staff were flexible and responsive to the individual needs of each person. People lived busy social lives and took part in a wide range of interests, pastimes and work. People told us how they were empowered by staff to have control over their lives and live their lives to the full. One person excitedly and animatedly told us how, with staff support, they had signed up to a dating site as they, "Wanted a [date] to take them out to dinner."
- □ Logistically, some people's goals and ambitions were complicated due to their health conditions. The registered manager and staff strove to overcome these obstacles. For example, staff went through the site map of an overseas theme park with the person who wished to visit there. This was to check that the person was able to go on the rides they wanted and checked whether any theme park lighting would trigger the person's health condition. Staff said it was also an important opportunity to involve the person in the planning of the trip by discussing and agreeing what equipment they would need to take to support the person; and the logistics of how the person would be able to get on and off the rides.
- □ Staff found creative ways to make sure that people lived a full and meaningful life as possible. Staff worked with a person who was good at sign language. By building up their confidence the person had been encouraged to use their skills to teach people, staff within the service, and people attending an external support group they attended. When asked how this made them feel, their face lit up, they placed their hand on their heart, and told us it, "Made their heart glad," to teach people sign language. A staff member said of this, "It helps with a person's self-worth to feel they have dominion over their own life. For example [named person] can go teach other people once a week...everything with [named person] is based around how [they] feel and how far [they] feel [they] can push them self. You can see the self-worth, it helps [named person] to feel useful." Another staff member told us how these lessons had helped them with their own confidence in their sign language skills to communicate with people they supported. They also told us about a visitor to the external support group who was not confident in communicating with others. That was until

they had attended these sign language lessons. They stated that the person now took part in communicating with others in the group as their confidence had grown.

- Staff recognised the importance of valuing people's differences and empowering them to live the lives they wanted and chose to live. For example, a person wanted to share with us how they felt strongly about needing to work and be in control of their own life. This was combined with the desire to help promote and empower positive changes for people, similar to them, with disabilities. With these goals in place staff set about helping the person attend job fairs and prepare for job interviews. They had worked in several jobs, but they told us they got the most satisfaction working in their current job. This was as a leader for the 'high support needs committee' at an advocacy service. As their confidence had grown by working there, their future life goals had also grown bigger. They very proudly told us that the job that was once voluntary was now salary paid. Staff confirmed to us that the person's job role now involved attendance at regular meetings and conducting interviews for new staff at the advocacy service. They also had undertaken a presentation and took part in general meet and greets. This gave the person a real sense of purpose, pride and self-worth.
- People were supported with their equality and diversity. Staff assisted people to attend religious services who wished to do so.
- Staff recognised that some people needed emotional support from people other than staff, when family contact was sometimes lacking. A staff member told us how, they supported a person, to attend a 'women's group at a religious service' so that the person would be 'fussed over' and given 'cups of tea.' This, they said, was in response to trying to make sure people got what they needed. They confirmed that the woman's group had provided that, "Caring, family element," for the person that helped their emotional and holistic well-being.
- Everyone had a personalised and detailed care and support plan in place. People were encouraged to keep these records securely in their own rooms. The registered manager said, "Their books [care record] are about them so why wouldn't they hold them in their own rooms?" This demonstrated to us that people were empowered to have control of their lives wherever possible and the importance of maintaining these rights placed people at the heart of the service.
- People, their relatives or representatives played a key role in the setting up of people's care and support plans. Staff met with people to discuss, review and agree their plans of care. This made sure information was up-to-date and reflected people's wishes, individual needs and current goals to achieve. Different communication tools were used by staff to capture this information. This was done via visual and written prompts, reading to the person and speech and sign language. This demonstrated to us that staff use a wide range of creative and personalised methods to make sure that people's views were heard, understood, and responded to.

Improving care quality in response to complaints or concerns

- People's ideas, suggestions, were listened to and effectively acted upon. People said they could talk to staff if they were not happy about something. No complaints had been received by the service in the last twelve months.
- A copy of the services complaint's procedure was available in a format to help aid people with their understanding. In addition, staff held meetings with the people they supported, and these meetings were held with people to gather their feedback and to see if they had any concerns. A person told us, "Staff listen."
- There was a formal feedback form in place, but the registered manager had determined that this was not accessible to everyone using the service. In response to this, the registered manager and team leader chose to do a customer forum instead. Here they would sit and chat with people and have discussions, receive feedback, including anything that was worrying them. Anything identified was then put onto the action plan to then work on. For example, a person confided to staff that they were unhappy with the service they were

receiving when attending the local hospital. The registered manager and staff supported the person to write a complaints letter detailing their worries. The person confirmed to us they were happy with the letter they had received in response to their complaint.

End of life care and support

- No one using the service currently was on end-of-life care. When people and their relatives, representatives were happy to discuss end-of-life wishes, these would be documented as guidance for staff to follow.
- The registered manager said in the event of a person becoming end-of-life, they would follow their end-of-life policy. Staff would work with external health care professionals' guidance and advice when it became clear that the person's health condition had deteriorated. They also said they would work to ensure the person's religious beliefs and or preferences were met. The registered manager confirmed they would work with the person's families to offer emotional and practical assistance where needed. This would then enable staff to support people to have the most comfortable, dignified, and pain-free a death as possible.

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

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- □ The registered manager supported and promoted the service to continually improve and become a great and outstanding service. The registered manager was central to the quality of the service provided. They had learnt by reviewing other inspections and shared learning from the provider organisation to look at ways in which they could continually improve the service for people. The registered manager confirmed to us that, "[This] service is all about living life."
- □ Staff were very aware of the culture and vision of the service. This they said was because of the clear feedback to staff from the registered manager about what high-levels of care were expected. The equality and diversity values promoted within the service, were to celebrate people's differences and individuality. Staff were clear about the expectation to provide a sustained high-quality service that met and supported people's individual needs. Staff were enthusiastic and dedicated to their work.
- □ Staff were asked if they would like a person they cared about to use the service. A staff member said, "[People] here live fulfilled lives and they are happy, everyone cares, and they want [people] to have the lives they want." Another staff member told us, "Yeah definitely. It's a proper home and feels homely."
- □ Records CQC held about the service confirmed that the provider sent in notifications as required. to the CQC. A notification is information about important events that the law requires the provider to notify us about such as safeguarding concerns, deaths, and serious incidents.

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

- □ As part of the provider recognition scheme of achievements, a staff member had been nominated by a person using the service and won a 'Customer Choice award'. This category was for people to nominate and highlight a staff member, working in the provider's services that had continually gone above and beyond what was expected of them. The award ceremony took place in London and the staff member alongside the person who nominated them attended. Photographic evidence showed the person in complete delight that the staff member they had nominated had won. Staff told us that the persons cheer in the room was the loudest when the winner was announced. They said, "It meant everything for [named person] to see the result of the nomination of staff that they made and being involved in the evening out at the awards ceremony." The person fed back, "It has been a very good experience and I met lots of people I spent the night at the hotel there."
- □ There was organisational oversight of the service. This included a management site visit to review the quality of the service provided. Areas for improvement were recorded and these included that a redecoration of the service was required in some areas.

- A programme of effective quality assurance and audits was in place. Audits gave clear actions for staff to take and where improvements were identified there was evidence that discussions took place and if necessary further training and support provided. These checks helped to sustain quality and drive improvement.
- Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- The registered manager used creative and innovative ways to engage people and staff to feel involved with the service. For staff this included team building days and for people this included meetings where there were quizzes and games for them to learn more about staff and the service they lived in.
- The registered manager and staff told us how they worked hard to make sure people did not feel discriminated against and that people's equality and diversity needs were met. The registered manager said, "Everyone is equal in terms of why we are here and what we do. Some [people] don't want to acknowledge in what way they may be different." They went on to tell us how they and staff respected these wishes.
- People were encouraged to submit questions or attend potential new staff interviews to ask questions that were important to them. Questions included, 'Family is really important to me, how would you support me to stay in contact with them regularly?' And, 'Can you tell me a joke or a funny story?' This made people feel valued and involved in how the service was run.
- The registered manager encouraged feedback and acted on it to continuously improve the service, for example by undertaking regular reviews with people about their care and support needs. All the feedback received was very positive and we saw the positive impact on people encouraged to live their lives to the full.
- The service was working under the principles of the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. The service ensured that any information people needed was available in differing formats to aid with people's understanding. Staff used differing communication tools to help people to express how they wanted to be supported and how they felt and communicate their wishes.
- The service had in 2018 undergone a provider change. We saw how people; their relatives and staff were engaged in the process, so they would feel informed and to reduce any anxieties felt. We saw that this process was documented in an easy read format to enable people's understanding and to keep them involved with the changes. Meetings were also held so that people and their relatives could meet the new director and ask any questions they had, should they choose to do so.
- The registered manager and staff contacted external organisations to help enable people using the service to vote in elections should they wish. To support people's electoral right to cast their vote, the registered manager and staff worked alongside organisations who controlled voting. This was because some people using the service would not be able to cast their vote as they were unable to use pens. External providers from the government offered support to people to help them make their voting choice should they choose to and be heard.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals to promote and enhance people's well-being. This included working with people's GP's and the Speech and Language Therapists teams and sharing information such as reflective practice with external health and social care providers.
- The registered manager gave us an example of how they had worked with an external health professional to help a person develop their understanding and wellbeing. They said, "[Named person] wants to consider life and what their limitations are as well as what steps they can take to overcome them...and it's about taking those right steps to support them. They have [named health condition] but has not had a seizure for

many years. They were supported to go and see [named consultant] in Cambridge...at the meetings with [named consultant], they discussed links between behaviours and seizures. [Named person] was able to understand more about their condition through the relationship with [named consultant] and to understand their limitations and how they could overcome them."