Ashurst Lodge Healthcare Limited

Ashurst Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Ashurst Lodge is a residential care home providing personal care and support with daily living tasks to eight people with mental health related support needs at the time of the inspection. The service can support up to 15 people in one adapted building with single bedrooms, most of which have en-suite bathroom facilities.

People's experience of using this service and what we found
People gave positive feedback about the service. One person said, "It's good here. I like it here."

There were systems to ensure people's medicines were stored safely and they received them when needed. However, instructions about administering medicines prescribed to be given only as required (PRN) were lacking detail.

We have made a recommendation to the provider about reviewing protocols for PRN medicines so they contain sufficient information about how and when to administer them in line with best practice.

Staff had the knowledge, skills and support they needed to support people effectively. They knew how to recognise signs that a person may be unwell and how to promote healthy living. People received the support they needed to meet their healthcare needs and to eat and drink well. The service worked well with other agencies to support this. However, the individual support people needed to maintain healthy lifestyles was not always explicit in their care plans although staff were knowledgeable about their needs.

We have made a recommendation to the provider about ensuring records are clear enough to ensure people receive consistent support to follow medical advice about their healthcare needs.

People received support from staff who knew how to keep them safe. Risks were assessed and managed appropriately. The provider agreed to improve their written information about these as there was a minor risk that staff who did not know people well would not otherwise have sufficient information to support people safely at all times. There were enough staff to care for people safely and staff understood how to recognise and report abuse.

The provider carried out safety checks around the premises and most of these were effective. One window was not appropriately restricted at the time of our inspection, but the provider addressed this immediately. There were some issues with kitchen hygiene, which the provider said they would resolve with a more robust night cleaning regime. We will revisit this at our next inspection to ensure health and safety checks are effective enough to identify problems more proactively. Other infection prevention and control measures, including those designed to reduce risks associated with the COVID-19 virus, were in place.

People's needs were thoroughly assessed so the provider had enough information to plan their care and support according to their needs and preferences and in line with current guidance. People were fully

involved in this process and had ongoing input into planning and reviewing their care. Care plans took into account people's goals and expectations, issues related to equality and diversity, and the care and support they received in the past. The service supported people to meet their social and cultural needs.

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. The home environment was set up in a way that promoted these things. People were involved in making choices about their home such as the décor.

Staff were caring and empathetic. They treated people with respect, made them feel valued and understood, and promoted privacy and dignity. The service supported people in a way that focused on building and maintaining independence, to enable people to work towards being able to live outside of a care home environment.

The service was responsive to people's complaints and concerns and the provider used a range of tools to continually review and improve the quality of care. Managers were supportive and approachable and promoted an open, inclusive culture. People and staff were valued and involved in the running of the service, were able to give feedback and felt listened to. The provider promoted equality and had established links with the local community.

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

Rating at last inspection
This service was registered with us on 29/01/2020 and this is the first inspection.

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our Safe findings below.	**Requires Improvement**
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 well-led. Details are in our well-led findings below.	**Good**

Ashurst Lodge

Detailed findings

Background to this inspection

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

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

Inspection team
This inspection was carried out by one inspector.

Service and service type
Ashurst Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We assessed the information we held about the service, including registration reports and notifications the provider is required to send us when certain significant events take place within the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection
We spoke with three people who used the service, two members of staff and the two joint managers of the service, one of whom was the registered manager and the other was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also looked at three people's care records, two people's medicines records and three staff files in relation to recruitment. We also checked a range of other records including cleaning checklists and health and safety audits.

After the inspection
We met with the registered manager and nominated individual via remote video call to discuss the management of the service and give feedback. We also reviewed some additional documents we had asked them to send us, including policies, staff rotas and training records.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● People told us they received their medicines as prescribed. One person said, "I get all the right help with mine." There were systems to ensure people received their medicines safely, including a way to dispense medicines in sealed pods people could take with them if they were going to be away for the service for some time. This also helped people become more independent with their medicines.

● Medicines were stored safely in line with national guidance and there were systems to check medicine stocks. These checks were recorded clearly and corresponded with medicines administration records.

● Some people were prescribed medicines only to be given when required (known as PRN medicines). For each of these, staff and managers confirmed the protocol was to give people the medicines only if they asked for them. However, there was a small risk that they would not be administered safely because records lacked information about maximum dosages and a written confirmation they were only to be given to people who asked for them. We judged this risk was not significant at the time of the inspection because records showed people did not take these medicines often and knew when to ask for them, but there was a possibility this could change in future.

We recommend the provider updates PRN protocols to ensure information is present about what medicines are prescribed for, maximum dosages and explicit instructions about when to administer them, in line with best practice guidance.

Assessing risk, safety monitoring and management

● People had individual risk assessments covering a variety of risks including vulnerability to abuse and neglect, mental health relapse, self-harm and violence towards others. Each risk had a score of low, medium or high. However, it was not clear what this score meant or what measures were in place to reduce risks. For instance, the risk assessment for a person with a history of violent behaviour did not contain information about what this behaviour might look like, triggers, warning signs or how staff should respond to these. Another person was at risk of falls because of poor mobility but their risk assessment did not contain information about how staff could help them use their mobility equipment safely.

● However, staff and managers were able to explain clearly how they managed people's individual risks, including those described above. We reviewed records and confirmed no incidents related to these risks had been reported. People told us they felt safe using the service. There were several positive examples of how the service enabled people to take risks without overly compromising either their freedom or their safety. One person, for instance, had support to manage their alcohol intake rather than banning alcohol which caused them to take more extreme risks.

● Staff carried out regular safety checks around the home, for example to make sure water ran at safe

temperatures, the fire alarm system was working and food was stored and served at safe temperatures. Most windows were appropriately restricted to prevent falls from height. However, the safety checks had failed to identify an unrestricted skylight in the upstairs quiet room. Because of its position it would be very difficult for a person to climb from this window, but it had been left open in wet weather, causing a slip hazard as a puddle had formed on the floor. We raised this with the registered manager who sent us evidence promptly after the inspection showing an appropriate device had been installed to restrict the window's opening.

Staffing and recruitment

● The provider did not always comply fully with regulatory requirements around recruitment. One staff file did not contain a full history of employment since leaving school as there were unexplained gaps in this. The registered manager told us they would obtain the information as soon as possible because this is required by law.

● Although the provider was not fully meeting requirements in this area, we judged this was not having a significant impact on the level of risk to people. This was because all of the other required information was present and the managers of the service had good oversight of staff as they worked closely together daily.

● The provider considered where staff might be at higher risk from COVID-19, for example those from black and minority ethnic backgrounds, and took steps to make sure they were as safe as possible.

● There were systems to ensure enough staff were available to care for people safely. Managers continually monitored people's support needs to ensure they had enough staff to cover this. People and staff felt there was sufficient staffing to meet people's needs safely.

Systems and processes to safeguard people from the risk of abuse

● Staff were aware of safeguarding policies and procedures and knew how to safeguard people from abuse. They had regular training on this to ensure their knowledge was up to date and could describe different types of abuse and how to recognise them.

● People felt able to raise any concerns about safeguarding with staff. The registered manager told us they discussed safeguarding with people who used the service to help them to recognise signs of abuse and speak up about any concerns.

Preventing and controlling infection

● We were mostly assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we identified an issue around kitchen hygiene as there were crumbs visible inside the fridge and freezer and some cooked food had been left out overnight. Staff explained this was because agency staff had been brought in the previous night at short notice to cover sickness. We discussed the issue with the registered manager, who had addressed it as soon as they arrived at work, and they told us they would introduce a more robust night cleaning regime for the kitchen.

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

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

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

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

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

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

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

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

Learning lessons when things go wrong

● The provider dealt with incidents appropriately. This included keeping clear records of what happened and the action they took to prevent things from going wrong again. There was evidence of lessons learned and changes made to people's risk management plans as a result.
● The provider liaised with other services involved in supporting people's mental health when things went wrong, which helped to ensure lessons were learned by everyone who supported that person.

Good

Is the service effective?

Our findings

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

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

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

- There was a clear assessment process the provider used to ensure they only admitted people to the service whose needs they could meet. This included checking with the person what they expected the service to provide for them, and assessing whether they would fit in socially with the group of people already using the service.
- People had comprehensive assessments, which allowed the provider to plan care in line with their needs and preferences.
- Once they had the information they needed about people, the provider was able to deliver their care in line with standards, guidance and the law. The registered manager and nominated individual were both registered mental heath nurses and had regular updates about current guidance and legislation as part of their ongoing professional registration.

Staff support: induction, training, skills and experience

- People received support from staff who had the knowledge and skills they needed to provide effective support. New staff received an induction covering how to meet people's needs including a range of training, which was refreshed at various intervals. Staff told us this was detailed and supportive.
- Staff had access to teaching sessions about specific mental health conditions to help them understand the needs of the people they supported. These were tailored around any gaps in staff knowledge and new research and guidance relevant to people's needs.
- Staff had the ongoing support they needed to do their jobs effectively and told us this was useful. This included regular one-to-one meetings with their line manager. One member of staff told us they were growing more confident every day because of the support they received.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People told us they received the support they needed to attend healthcare appointments. This included mental health appointments, routine check-ups and attending clinics according to need.
- Staff knew how to recognise signs of mental and physical ill-health. They promoted wellbeing and healthy lifestyles, such as encouraging people to take exercise and ensuring there was always fresh fruit at the snack station. One person told us, "They help me have a shower and eat healthy food and they encourage me to exercise."
- People were able to choose from a range of food options that met their needs. Care plans included a comprehensive list of people's food likes and dislikes, cultural needs and other dietary requirements. One person told us, "I like [list of food items]. They get those things if I ask for them."

● The information in people's care plans was sufficient to ensure people's health and nutrition needs were met and there was evidence the provider worked with healthcare professionals to support people to achieve positive outcomes.
● However, care plans did not always show clearly how this was done. For example, one person had been advised by medical professionals to lose weight. Whilst staff were aware of and were actively encouraging healthy eating principles, the person did not have a weight loss plan or target weight as part of their care plan. Another person was following medical advice to carry out particular exercises but the information about this had not been collated in their support plan so staff who were not familiar with them may have overlooked it. We discussed with the provider improvements they could make to ensure staff knew how to provide people with structured and consistent support to maintain healthy lifestyles.

We recommend the provider review support plans to ensure information about supporting people's nutrition and healthcare needs is clearly set out in line with recommendations from healthcare professionals and others involved in people's care. This should include any information about people's choices not to follow medical advice.

Staff working with other agencies to provide consistent, effective, timely care
● The service enabled people to meet regularly with their mental healthcare teams. This helped inform the provider about the support people needed in this area as well as enabling other providers to stay up to date with people's mental health needs.
● The service worked with other agencies when people needed expert advice or support with meeting specific needs. This included discussions about the action each service should take to support people.

Adapting service, design, decoration to meet people's needs
● People had access to a variety of private and communal spaces. They each had spacious bedrooms with en-suite facilities and there were places indoors and outdoors for people to meet with visitors. Ground floor bedrooms were in use for people who had reduced mobility.
● The home environment was pleasant with ornaments and people's artwork on display. The décor in communal parts of the home was relatively plain, but the registered manager explained this was because they were in the process of gathering people's feedback about what colours and designs they would like.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. On this occasion we did not check whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, because this did not apply to anyone who used the service at the time.

● Staff obtained people's consent before providing care to them. People had signed their support plans to confirm they agreed with them and consented to the care and support being provided. This included consenting to specific things such as a named person holding keys to their property whilst they resided at the home.

● People did not have inappropriate restrictions on their freedom. Although the kitchen was locked when not in use due to specific risks, people confirmed they were able to access it by alerting staff whenever they wanted. However, there was a drink and snack station in the communal area that people could access without support.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff took time to sit with people and listen to them when they needed emotional support. They were empathetic and comforted people when they were upset. People felt able to approach staff for this support. They told us, "Staff are kind and caring. I get on well with all of them" and, "I go and chat to them, tell them what the problem is, and they give me support."
- We heard several examples of how staff and managers found out what was important to each person and made an effort to help them feel valued and understood. For instance, one person was a musician and it was important to them to feel encouraged and have their talents acknowledged. Another person had expressed what they needed to feel listened to and understood, which staff told us they made sure to make time for.
- The home had a pleasant and friendly atmosphere during our inspection. There was background music in communal areas and we observed staff taking time to chat with people about things that were of interest to them.

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

- People had opportunities to express their views and make any changes they would like to their care and support. They had regular meetings with their keyworker, which is a member of staff responsible for ensuring that person's needs are met. The meetings were to discuss people's care and anything they would like to change about the way staff supported them.
- There was evidence in support plans that people were involved in creating them and people confirmed this. This meant their views, concerns and expectations were taken into account when decisions were made about their care.
- People were able to choose which members of staff supported them, including who their keyworkers were. The service supported people to access advocacy services if needed.
- Staff promoted choice throughout the day. For example, we heard a person asking staff if they could have support to cook a meal, and the member of staff asked them what they would like to cook. Another person told us they had the freedom to make everyday choices and "I get up when I want."

Respecting and promoting people's privacy, dignity and independence

- The service had a strong ethos of promoting independence and allowing people the freedom to do as much for themselves as possible. For example, people who used the service mostly controlled their own finances but staff provided support with budgeting depending on what help people needed.
- Staff supported people daily to take steps towards living independently. They encouraged people to take part in cookery sessions and be actively involved in preparing their own meals. People confirmed they prepared their own breakfast and lunch.

● The service promoted dignity and supported people to look after their personal care and grooming needs when they found this difficult due to their mental health. For example, one person would wear clothes until they wore out but was reluctant to go clothes shopping. The nominated individual told us how they had helped the person get new clothes.
● Staff also understood why needing this type of support felt undignified to some people and took this into account when supporting people. For example, staff described how one person felt ashamed of the support they needed for one aspect of their personal care and told us how they made the person as comfortable as possible. One way they did this was by ensuring the person's preferred member of staff was available to support them.
● People had access to private space when they wanted it. People confirmed staff always knocked on their doors before entering and people had their own keys so they could keep their bedrooms private. There was a quiet room where people could choose to have private meetings with staff or visitors.

Good

Is the service responsive?

Our findings

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

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

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

- People's care and support was planned to meet their needs in an empowering way. They explored how people and staff could work together to achieve the outcomes and targets people wanted and needed. This included both actions for staff and the service's expectations of people. It took into account people's different experiences of mental ill health and of receiving care and support previously.
- Support plans were tailored to make sure they covered people's individual needs. For instance, one person had a smoking support plan and another had one for a medical device they used. There was information about how people preferred to be supported with these things. One person told us, "We have keyworker sessions and there is an opportunity to discuss support plans. I'm happy with mine."
- Support plans were updated regularly to ensure they were kept in line with people's changing needs. Managers told us their approach was "it's OK to fail" and if something did not work well or no longer worked for a person, they worked with them to find a better approach.
- From speaking to people and staff it was clear staff followed support plans and people's needs were met. However, care records did not always specify whether tasks set out in each people's support plans were completed each day. This may have made it more difficult for the provider to ensure the information in support plans continued to be relevant to people's needs and preferences. We discussed this with the registered manager who was aware their record keeping could be improved and told us about a new care records system they were in the process of introducing to address this issue. We will revisit this at our next inspection.

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.

- At the time of the inspection, all of the people using the service were able to speak and read English and none had any specific communication needs. Information was readily available in a plain English format about healthy eating, keeping safe, activities and events, local services and other things relevant to people's care and support.
- Managers had links with services that could provide accessible information resources if needed.

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

- The provider assessed people's social needs including their hobbies and interests, and staff offered

people activities relevant to these. This included plans for what people would like to do in future if they were unable to do those things at the time.

● People had opportunities to participate in a variety of social activities. Staff explained it was sometimes difficult to persuade people to join in, but they were always trying new things and people had responded well to a weekly café trip and a summer barbecue. The provider was planning other trips including an outing to see Christmas lights. One person told us, "I can do art work, watch TV, play games, watch films. I can smoke outside, cook myself a bacon sandwich. I have enough things to do."

● Care planning took into account people's cultural and religious needs including whether they were part of religious communities and what support they needed to attend church or other community groups. Diverse needs were considered such as one person the service supported to use a specific hairdresser who knew how to cater for their particular hair type.

● The service helped people stay in touch with loved ones and access their local community. One person said, "I go to the shops once or twice a day. They support me to stay in touch with family." Staff encouraged people to go out with friends and family and to make phone calls if they wished. One person had a close family member who did not live near enough to visit often and the service supported the person to maintain contact via video calls.

Improving care quality in response to complaints or concerns

● People felt the service was good at dealing with their complaints. One person told us, "I made a complaint about [specific issue] and it didn't happen again." Another person said, "I know who to talk to if I have a complaint but I've never needed to." Managers told us they encouraged people to approach them with any concerns so they could address them effectively.

End of life care and support

● At the time of the inspection there was nobody using the service who was expected to require this type of care in the foreseeable future. However, there was evidence the provider had discussed people's wishes and preferences for end of life care including cultural and religious needs, funeral preferences and who they would like to be involved in any end of life care they might need in future.

Good

Is the service well-led?

Our findings

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

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

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

- The service had a range of audits and checks to ensure the premises were safe, fire safety guidance was followed and medicines were managed safely. These were completed regularly and demonstrated managers understood what was required to ensure a good quality service. We discussed with managers how quality checks could be improved to identify minor issues such as those we found with record keeping and recruitment. At the time of the inspection we judged these were not significant enough to impact on people but we will check this again at our next inspection as it could potentially impact on people in the future if not addressed.
- There were systems to ensure managers had adequate oversight of safety and quality issues. For example, the provider used a health and safety project tracker to make sure they followed up actions from audits and checks in a timely way. We checked actions from a fire safety audit had been completed and found this was the case.
- Managers communicated well with staff to ensure they were up to date with guidance, policy and regulatory requirements. They did this via staff meetings and regular one-to-one supervision.
- The registered manager and nominated individual told us about their plans to improve the service, most of which were driven by people's feedback. Because the service was small, they were generally able to make improvements quickly as the need arose and people confirmed managers were prompt to respond when issues came up.

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

- The service had an open and inclusive culture. People told us they got on well and were able to freely discuss their house rules, housekeeping and other day-to-day things in meetings where everyone had a chance to contribute. Staff encouraged people to have their say and people felt able to challenge the ways things were done.
- People and staff told us the registered manager was very supportive and leadership was always visible at the service. They felt able to speak up if they had any concerns. One person said, "He's a very good manager. Very friendly and kind." Another person said, "The manager is nice. A good listener."
- Managers told us they sometimes had students on work experience placements at the home. They said this helped create an open culture as it provided an outsider's perspective and students were able to challenge the way the service did things.
- The recruitment process focused on selecting staff who had the right attitude to fit with the culture of the

service. This included an understanding of mental health and people's diverse needs.

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

● Managers understood the duty of candour and were able to explain the process they would use to fulfil this if something went wrong.

● The provider was open and transparent with people when things went wrong. There was evidence they contacted people's care coordinators and other professionals involved in their care to inform them of what happened and the action they took in response. This also meant the services could learn lessons together about what had happened.

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

● People had opportunities to be involved in the running of the service. There were regular residents' meetings that people had the option of chairing themselves. One person told us, "I get chances to feed back and it's listened to." Staff used feedback from the meetings to make any changes people wanted such as having different dishes on the menu. The provider was in the process of involving people in creating a redecoration plan for the home.

● Staff also used one-to-one keyworker sessions to speak with people about changes they wanted to make to the service and how they would like to be involved as some people were less likely than others to speak up during meetings.

● The provider carried out surveys to gather feedback from people, relatives, staff and professionals who worked with people outside of the service. We looked at completed questionnaires from May and June 2021 and saw all of the responses were positive and no concerns were raised.

● Staff had regular opportunities to express their views at staff meetings. Managers told us how they empowered staff to take on additional responsibilities to help with their learning and development.

Working in partnership with others

● The provider had links with several other services and community groups and they worked in partnership to provide joined-up care to people. For example, the service linked up with a local drug and alcohol support team and could consult them when needed and had also built a good relationship with local charities who were able to offer people voluntary work placements.

● The service worked in partnership with others to meet people's diverse needs. Managers told us about links they were building with local LGBT groups and a local church.