

Royal Mencap Society

Shining Star

Inspection report

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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

About the service

Shining Star is a residential care home which was providing personal care to three people at the time of our inspection. All people living at the service were autistic or had learning disabilities. The service can support up to four people in one adapted building over two floors.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Their model of care was person centred, placing people at the heart of the care. People's choices were what motivated staff in their roles and the provider wanted people to live empowered lives.

People were kept safe. Medicines were managed in a safe way; people's medicines folders were up to date and audited correctly. Infection control practice had improved since our last inspection; the service followed national guidance and sought to keep people safe from infection. There were systems in place to protect people from abuse. People's risks were assessed and monitored. There were enough staff working at the service and recruitment processes were robust. Lessons were learned when things went wrong as incidents were recorded and actions completed to keep people safe.

The service worked effectively. People were supported to eat, drink and maintain healthy diets. 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. Deprivation of Liberties Safeguard documentation was up to date. People's choices were respected, and decisions made in their best interests. People's needs were assessed in line with the law, so the service knew whether they could meet their needs. Staff received induction and training, so they knew how to work effectively with people. Staff were supported in their role through one to one supervision. Staff communicated effectively with other agencies to ensure people received good care, this included health care. The provider had adapted the building to ensure it met people's needs and people could decorate their rooms as they saw fit.

The service was caring. A relative told us staff were caring. People were supported to express their views in key work sessions. People's privacy and dignity were respected, and their independence promoted.

The service was responsive. Care plans were person-centred focusing on people's needs and preferences.

People's communication needs were met. People were able to take part in activities they could enjoy. There was a complaint process where people or relatives could complain and when they did, the provider responded appropriately. People's end of life wishes were recorded.

The service was well led. Record keeping at the service had improved since our last inspection and documents we viewed were up to date. Quality assurance measures were appropriate and working to ensure care remained good and people were safe. The manager was thought of highly by staff, as well as the relative and advocate we spoke to. The manager understood duty of candour and fulfilled the service's regulatory requirements. People, relatives and staff were able to be engaged with the service should they choose to be. The service worked with other agencies to the benefit of people using the service.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement published (29 March 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

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.

Shining Star

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

The inspection was carried out by one inspector.

Service and service type

Shining Star is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. There was a manager at the service applying to be registered. A registered manager 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 reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. 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 sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three members of staff including two care staff, and the registered manager. We also spoke with one visiting professional about their views of the service.

We reviewed a range of records. This included two people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback over the phone from one relative of people living at the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. This key question has now improved to good. This meant people were safe and protected from avoidable harm.

Managing medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe care and treatment. At this inspection improvements had been made and the provider was no longer in breach.

- Medicines were managed safely. At our previous inspection, we had looked at one person's medicine file and found out of date documentation. At this inspection all documentation was in order and up to date.
- At our previous inspection there was difficulty accessing medicine administration audits. At this inspection we found audits were being completed regularly to ensure errors were picked up and people had taken their medicines as they were supposed to.
- Staff received training in medicine administration and completed regular competency assessments. Medicine Administration Record (MAR) charts were completed appropriately.
- We counted one people's medicines and found them all to be in order and stored correctly. One staff member told us how they administer medicines, "There is always two [staff] doing medicines. One will do medicines and one will write [on the MAR]. We will speak the medicines out loud and then then we give it. We will do the stock sheet and we both sign."

Infection Control

At our previous inspection the provider had failed to assess the risk of, and preventing, detecting and controlling the spread of, infections. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment. At this inspection we found the provider had made improvements and was no longer in breach.

- At our previous inspection the service had recently had an outbreak of COVID-19. We had signposted the provider to resources to develop their approach as the service had lacked infection control signage, infection control audits had not completed correctly and the service had not followed the provider's policy for regular monitoring of COVID-19 symptoms amongst the people being supported. At this inspection we had found improvements had been made in all these areas.
- 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 Personal Protective Equipment (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 promoting safety through the layout and hygiene practices of the premises.
- 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.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse.
- Staff had been trained in safeguarding people. One staff member told us, "Safeguarding means protecting people from harm or any abuse." Staff were able to tell us what they would do should they suspect people were at risk, which was in line the provider's safeguarding policy.
- Safeguarding concerns were recorded appropriately and the local authority, families and the Care Quality Commission informed when these types of incidents occurred.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. Staff told us monitoring risks were not only within documentation but also about remaining vigilant for ongoing risks to people. One staff member told us, "Risk assessment is guidance for us. Risk assessing is protecting people from getting harm; hazards and things that can hurt them."
- Peoples' care plans contained risk assessments. Risk assessments contained information about risks to people, and there were actions to help mitigate risks. Risk assessments had been completed for different aspects of people's lives. We saw risk assessments for accessing the community, being supported with COVID-19, finances and vulnerability as well as others.
- The provider had sought to ensure people lived lives they wanted to; and could take positive risks where able. For example, one person's risk assessment showed how the service supported them to go swimming even though this presented a number of challenges for both people and staff. This positive risk-taking approach was mirrored in other care plans we saw.
- There were Personal Emergency Evacuation Plans (PEEPS) in place for people. These clarified about individual risks to people and how they should be supported in an emergency. This demonstrated the provider's desire to keep people safe in an emergency through good planning.
- Regular checks were made to the premises. This included maintenance checks on fire systems, gas and water to ensure these were safe for use. This meant the provider had systems in place to keep people safe.

Staffing and recruitment

- Staff rotas showed there were enough staff on shift at all times. The service used existing or agency staff to cover shifts when there was staff absence. Agency staff were picked from a pool of provider vetted agencies and received training prior to working with people. This helped ensure people needs were met by staff who knew what they were supposed to do.
- Recruitment processes were robust. We looked at two staff files, which showed the provider had made appropriate checks on staff to ensure they were safe to work with people. These included criminal record checks, employment history and identification.

Learning lessons when things go wrong

- Lesson were learnt when things went wrong. Incidents and accidents were recorded so lessons could be learnt, and improvements made when things went wrong. Once recorded, incidents were reviewed by the

registered manager, who subsequently shared these with the provider for wider analysis and learning.

- Action was taken following any incidents to ensure people were kept safe. The registered manager and or provider followed incidents up where required and completed further actions, so as to limit recurrence of incidents as much as possible. Learning was shared with staff and families as appropriate.

Is the service effective?

Our findings

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

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

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

At our previous inspection the provider had failed to assess the risks to health and safety of service users with specific regard to food storage. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance. At this inspection we found the provider had made improvements and was no longer in breach.

- People were supported to eat and drink enough to maintain a balanced diet. At our previous inspection we found some unlabelled foods in the fridge which potentially put people at risk of food poisoning. At this inspection we saw all food stuffs were clearly labelled. We also saw staff preparing food wearing PPE. This further limited the potential for infection or food contamination.
- People were supported to eat and drink. We observed one person having their lunch and saw they were appropriately supported to eat and drink by staff. Staff worked with them in a polite manner and people ate supervised and in an unhurried way.
- People were provided with choices when shopping for food and at mealtimes. Staff told us how they supported people's cultural needs with their food. One staff member said, "I am [person's] key worker and we will cook [person's] [ethnic origin] dish and they will do their [ethnic origin] shopping on Thursday and be supported to do their [ethnic origin] dish. We get the recipes from the internet."
- The service supported people with special dietary needs. Staff prepared food for those with a specialised diet as instructed by healthcare professionals so as to keep them healthy and ensured food was bite sized for people where appropriate. Where necessary, people's nutritional intake and their weight was monitored so this information could be shared with appropriate healthcare professionals.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our previous inspection the provider had failed to ensure people using the service had not been deprived of their liberty for the purpose of receiving care or treatment without lawful authority. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for safeguarding service users from abuse and improper treatment. At this inspection we found the service had made improvements and was no longer in breach.

- People at the service had DoLS in place to keep them safe. At our previous inspection we found people's DoLS documentation was out of date and no further authorisations had been granted, as applications had not been made. At this inspection we saw the DoLS applications had been completed for people, the local authority had authorised these and the service had notified CQC of these authorisations.
- People's ability to make decisions and choices were recorded throughout their care plans. Care plans were person-centred and focused on people's preferences. Best interest decisions were made and recorded where required. Where this occurred, a relative and advocates told us they were able to provide input. One staff member said, "We make best interest decisions and we can apply for advocacy too for people and involve the family too."
- Staff understood their responsibilities to people and the Mental Capacity Act. One staff member said, "They changed the act in 2005 and people have the ability to make decisions and can choose what they want."

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

- People living at the service had done so for a long time. However, they had been assessed when they had moved to the service. This was so the provider could learn people's needs and ensure they could meet them effectively. Assessments provided a foundation for care plans as they contained information about people's needs and preferences. They recorded what people's requirements were and what was important to them.
- Assessments recorded people's protected characteristics, such as race, religion and sexuality. This meant they were in line with the law and sought to ensure people had equal rights.

Staff support: induction, training, skills and experience

- Staff were trained to do their jobs. At our previous inspection relatives had mixed views on staff training. At this inspection a relative was more positive about staff training and experience. One relative told us, "[Staff] and [staff] really know what they are doing." Staff received training online or in person. Training topics included safeguarding, nutrition and hydration and working with people with learning disabilities and autism.
- Staff training was tracked by the provider to ensure all staff had completed the training they were supposed to. We saw some training was outstanding. The registered manager was able to show us how they were ensuring outstanding training was going to be completed.
- Staff received an induction when they started work. This included shadowing experienced staff, training, reading policies and procedures and getting to know the people at the service. We spoke with one person who was in the process of completing their induction. They said, "My induction was about fire safety, I have ongoing training. We did safeguarding adults training."
- Staff held "Shape your future" discussions with the manager. This was similar to supervision. Staff were able to discuss how they are, what support they needed and what objectives they had such as mentoring. One staff member said, "We now have 'Shape your future'. We also have staff meetings. I can call and speak to the manager any time. We are open and go to them with any issues."

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

- People were supported to access health care and live healthier lives. A relative told us they felt people's

health concerns were responded to appropriately and the service was open to suggestions around people's health care. One relative said, "I suggested these vitamins for their [condition] and I sent them to [manager] to please check with the doctor and [manager] rang me and told me the doctor is now prescribing for [person]."

- People's care plans contained information about their health care. When required, staff monitored different aspects of people's health to help keep them safe. This included people's nutrition and hydration and weight. This information was shared with health care professionals as appropriate.
- People's care plans contained hospital passports to support with emergency care should it be required.
- Correspondence with, and advice from, health and social care professionals was recorded. Numerous professionals were involved in people's care. These included, but were not limited to; GPs, social workers, advocates, speech and language therapists and ophthalmologists (eye specialists). This meant people were supported with their health care needs.

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

- The service was suitable to meet people's needs. The service model and design followed Care Quality Commission's guidance for services for autistic people and people with learning disabilities, "Right support, right care, right culture." The size, setting and design of the service met people's expectations and aligned with current practice. The service was a small residential property with easy access to local amenities.
- People had their own rooms; which they could decorate to their preference. Their rooms, and the communal areas, were decorated to a good standard. All areas of the service were accessible to people including the garden.
- Our inspection was completed the week before Christmas and the service was decorated accordingly. One staff member told us people had been involved. They said, "I did decorations with the people we support so as to get them involved and [person] got to do the lights."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated by staff. One relative told us, "When I speak with [staff members] they have so much info to give me about [person] they really are caring you can tell." We observed how people were supported by staff and saw people were able to do what they wanted, and staff sought to only directly support where required, or observe from afar when people were occupied. This meant people were treated in a way that sought to keep them safe but encouraged their independence. For example, we saw when one person was listening to music in the living room, staff were in the same room but not intruding on the person's activity. But when they needed support at mealtime this was done in a friendly manner.
- Staff respected people's equality and diversity. People's care plans were personalised and identified people's cultural needs. The provider emphasized the importance of people's rights; these were enshrined in their values which were ever present in their documentation, staff training and posters in the staff office.

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

- A relative and an advocate were able to be involved in making decisions about people's care. Care plans were reviewed regularly, and we spoke with a relative and an advocate who both told us they were able to meet with people when they wanted and were invited to provide input with decision making. A relative said, "Yes I feel involved and [registered manager] calls me and gives me an update and I know the ins and outs." Whilst the advocate told us, "I can raise concerns."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We observed staff knock on people's doors before entering their rooms and they also closed doors behind them when carrying out personal care. One staff member told us, "We protect their dignity by dressing people properly; when we take them out we take them respectfully; we ensure they are dressed well, and they wear the right clothes according to the weather."
- People's information was kept securely. Any information relating to people was either stored in lockable cabinets in locked offices or on password protected electronic devices. One staff member said, "It is very necessary and required to be confidential to protect people's data and we have to hold their privacy. We store things privately on a computer."
- People were encouraged to be as independent as possible. Staff prompted people, where appropriate, to do things for themselves. Care plans provided guidance on what people were capable of and areas where they could be encouraged to do things for themselves. A staff member told us they promoted people's independence, "By allowing them the chance to choose and make decisions."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care. People were treated as individuals and were able to do things they liked and be treated as per their own preferences. Individual's needs and preferences were recorded in care plans. These were reviewed regularly or whenever people's needs changed. This showed they were person centred.
- Staff knew people well. They were able to tell us about the people using the service, how they knew them and what they liked and disliked. Staff signed people's care plans to indicate they had read them. This occurred when the care plans were updated. This meant they knew what they needed to do to provide personalised care for people.

Meeting people's communication needs

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

- People's communications needs were met. Care plans contained personalised information about people's communication needs within communication passports. This was so staff could understand people's differing needs. One staff member said, "I can use sign language and I will wait for an answer in communications and work how they [people] would like."
- There were pictorial menus and easy read documents to assist people to make their feelings and choices known. The provider told us they could provide documents in easy-read format when needed and staff regularly met with people in key work sessions to ensure there was ongoing dialogue with people about their care and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to participate in activities they liked to do. A relative told us, "[Person] goes to the shops quite often, the shops which they like and when I call, they've often been out for a drive."
- We observed people leaving the service to take part in activities they wanted to do in the community. When they returned, we saw they had gotten take away food as this too was something they wanted to do. Not everyone went out. Those that stayed were able to make choices with what they wanted to do; in this case, listen to music in the living room.
- Care plans recorded people's activity preferences and participation. We also saw staff working one to one

with people. We were shown photographs of events where people were smiling, having participated in activities such as arts and crafts and visits to sights of interest.

Improving care quality in response to complaints or concerns

- The provider worked with complaints appropriately. At our previous inspection relatives had mixed views about how the service had worked in response to them. At this inspection a relative told us they were happy with the care and had no complaints. One relative said, "I don't have any complaints."
- The provider had systems in place to improve care following complaints raised. These were recorded and actions completed in response. Concerns were discussed in team meetings where appropriate. There had been no complaints since our last inspection.

End of life care and support

- People's end of life wishes were recorded. We saw a funeral plan in place for one person. Some staff had completed training in end of life care and staff could access this where required.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. This key question has now improved to 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

At our last inspection the provider had failed to maintain accurate records in relation to the management of regulated activity. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- At our previous inspection we had found a range of documentation was out of date or overdue for review. We had also been unable to access quality assurance audits and found the provider had not picked up on shortfalls at the service. At this inspection the provider had made improvements. All paperwork we saw was up to date and quality assurance audits were accessible and in order.
- Staff were clear about their roles and knew they were required to report concerns and who to report them to. Staff had job descriptions for their job roles so knew what they were supposed to do.
- There was a new manager at the service, and they were in the process of applying to be registered with CQC. They understood their legal requirements and were aware of their responsibilities to people at the service and statutory bodies. They notified CQC when required and informed local authorities of any adverse events if and when they occurred.
- The service sought to continuously learn and improve care. There were quality assurance systems in place to monitor the care people received and ensure people were kept safe. These systems included audits completed by both the provider and external agencies. For example, we saw monitoring completed by the local authority and audits completed by provider staff who did not work directly at the service. The different range of audits looked at housekeeping, medicines, infection prevention and control and other environmental concerns. This ensured the service was seeking to keep people safe and provide quality care.

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

- The provider promoted a positive and open culture. Staff spoke positively about the manager of the service and the changes since our last inspection. One staff member said, "I think [manager] is great I will give them ten out of ten. They are professional. They keep it to policy and procedure; they are not harsh, and they are always open to discussion and will try to cover and support you." A relative told us, "They are brilliant. No complaints about them. They put me at ease, and they are on top of everything."
- Staff at the service understood what person-centred care was and sought to achieve the best outcomes

for people. Care plans were person-centred, and staff strove to meet people's individual needs, in line with their preferences and the provider's policies.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood duty of candour and was open and honest when things went wrong. A relative told us the provider had been transparent and communicated well when there had been concerns. Apologies were made when the provider or its staff had been found to be at fault or where things could have been done better.

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

- The service sought to engage people using the service. This was primarily done through key work sessions though the service was small, and people's communication was monitored by staff all the time. Key work sessions recognised people's equality and diversity and considered their needs, specifically around communication and culture. People communicated positive experiences, which was confirmed by a relative and an advocate.
- A relative and an advocate told us they were able to engage with the service. We saw evidence in care plans of input others had in people's care.
- Staff engaged with the provider through regular meetings and surveys. Minutes of meetings showed staff involvement and engagement with the service. Similarly, supervisions (shape your future discussions) also provided this opportunity.
- Meeting discussions covered people's care, COVID-19 matters including testing and staff rotas as well as a variety of other topics. One staff member told us, "Yes, we talk about the service users and their activities and discuss about staff welfare." Staff also told us the provider sought feedback about work conditions and wellbeing. A staff member said, "We get a survey via email. We always get something from them they update us all the time."

Working in partnership with others

- The service worked in partnership with others. Numerous agencies benefitted the people who lived at the service and the service assisted in the maintenance of all these relationships. They included partnerships health care professionals, social workers and other local community organisations.