

Consensus Support Services Limited

Haydock House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

What life is like for people using this service:

- People were protected by strong and inclusive safety systems, with a focus on openness, transparency and learning. There were systems in place to make sure the service was safe, with very good staffing levels and highly skilled staff to deliver good quality care. Risks to people were fully assessed and exceptionally well managed. People were supported to take positive risks, to make sure they had greater choice and control of their lives. The positive risk-taking approach showed that staff respected people's right for independence and their right to take risks.
- People were fully involved and supported to safely recruit staff to work at the service. This ensured that successful applicants had the right values and skills to match the values that were at the heart of the service.
- The staff and the management team were passionate about providing people with support that was based on their individual needs, goals and aspirations. We saw that people were at the centre of their care and each person was treated as an individual. As a result, their care was tailored to meet their exact needs. The staff at Haydock House were committed to making sure people lived fulfilling lives and were protected from social isolation. People were well supported to make their own choices and staff were highly motivated with a 'can do' approach which meant they were able to achieve positive outcomes for people. People received care and treatment that was delivered in line with up to date best- practice guidelines in relation to Prada Willi Syndrome.
- Without exception, people spoke positively about their experience of the service and the successes they had been supported to achieve. It was clear the culture within the service valued the uniqueness of all individuals who lived there.
- There were excellent systems in place to monitor the quality of the care provided and to ensure the values; aims and objectives of the service were met. There was a high level of satisfaction with the service and people were well supported to express their views so improvements could be made. There was strong leadership that put people first and set high expectations for staff. We found an open ethos with a clear vision and values, which were put into practice by staff, who were proud to work for the service and felt valued for their work. A positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people.
- Staff were trained in infection control, and had the appropriate personal protective equipment to perform their roles safely. There were robust arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service
- People's needs and choices were assessed and their care provided in line with their preferences. Staff

received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people. Each person's food intake was closely monitored to ensure they maintained a healthy weight in line with best practice guidance in relation to Prader-Willi syndrome. Staff supported people to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

- Staff were caring and had built open and honest relationships with people. They were knowledgeable about how best to communicate with people and to advocate for them and ensure their views were heard. People spoke of the family atmosphere at the service and the genuine interest staff took in their wellbeing. There was a strong culture within the service of treating people with dignity and respect and staff spent time getting to know people and their specific needs before they provided them with care and support.

More information is in Detailed Findings below.

Rating at last inspection: Good (report published 20 August 2016).

About the service: Haydock House provides accommodation with personal care for up to eight people. There were six people using the service at the time of our inspection. This is a service that specialises in supporting adults with a range of complex needs and behaviours associated with Prader-Willi Syndrome (PWS). This is a genetic condition that means people with the condition will have an abnormal, insistent desire for food which can make the person eat excessively. This has the potential to result in life threatening obesity.

Why we inspected: This was a planned inspection based on the rating at the last inspection. At our last inspection we rated the service Good. At this inspection we found the service had improved to outstanding under safe and well-led domains. The overall rating for this service is Outstanding.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Outstanding 

The service was exceptionally 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?

Outstanding 

The service was exceptionally well-led

Details are in our Well-Led findings below.

Haydock House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type:

Haydock House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to eight people in one adapted building. At the time of our visit there were six people using the service.

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 announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection site visit activity started on 5 December 2018 and ended on the 6 December 2018. We visited the service on the 5 December and looked at records, spoke with people and staff and completed a tour of the premises. On the 6 December 2018 we spoke with two relatives over the telephone.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements

in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with three people who used the service and two relatives. We also had discussions with six members of staff that included the area manager, registered manager and the deputy manager. We also had discussions with three care and support staff.

We looked at the care and medication records of two people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Outstanding: People were involved in developing a comprehensive and innovative approach to safeguarding, including positive risk-taking to maximise their control over their lives.

Systems and processes:

- Staff had developed positive and trusting relationships with people that helped to keep them safe. One person said, "I feel very safe because there are staff around, and they make me feel safe." A relative commented, "Without a doubt [relative] is safe. They [meaning staff] take every precaution to make sure [relative] is safe."
- Discussions with staff demonstrated that staff were highly skilled at recognising when people were at risk of abuse or felt unsafe, and they felt comfortable to report unsafe practice. One staff member informed us, "I would report anything I wasn't happy about, without any hesitation." All staff we spoke with were aware of safeguarding procedures and records confirmed they had relevant and up to date training in this area.
- Staff were continually looking at how they could improve people's safety and put changes into practice. For example, staff had supported people to register with the Northamptonshire 'Keep Safe Card' project. The card can be shown whenever the holder feels lost, bullied, worried about their safety or in need of assistance in any way. The emergency services, could also access the information to be able to support the person in the best possible way.
- The provider was creative in the way they involved and worked with people to understand their diverse circumstances. For example, people had been given advice and information about internet safety, phone safety and sexual safety which were all significant to their individual situations. This meant they could understand risks relevant to their lives and make informed choices.
- People were involved in developing different approaches to keeping safe. This enabled them to take positive risks, to maximise control over their lives. For example, staff had supported people to have safe walking routes that were well known to both people and staff. People were given information about places of safety in the town centre they could go to if they felt scared, such as shops, libraries, leisure centres, GP surgeries or anywhere a person felt they could ask for support.
- The provider had excellent relationships with the local police who visited the service to talk with people about keeping safe. They had also spoken with individuals who had placed themselves in vulnerable situations, about how to stay safe when out in the community. All people using the service had been provided with personal panic alarms by the police to help keep them safe when out in the community.
- People were provided with a range of accessible information about how to keep themselves safe and how to report any issues of concern. This information was on prominent display and was easily accessible. For example, people had a 'living together' booklet in easy read and pictorial format that talked about people living together, feeling happy and safe. This explained behaviours that were acceptable and this was explained to people, who signed the booklet when they had understood the contents.
- People and staff were encouraged to raise their concerns and risks to people's safety. We saw that 'keeping safe' was discussed every month at house meetings and staff meetings. It was also discussed

individually at key worker meetings.

Assessing risk, safety monitoring and management:

- Staff supported people to have a full and meaningful life by using imaginative and innovative ways to manage risk, while supporting them to stay safe. The use of technology was often used to support people to take positive risks. For example, one person used an 'App' when travelling on public transport independently, so that anxieties with buses running late could be eliminated.
- Staff had an enabling attitude that encouraged people to challenge themselves, while recognising and respecting their lifestyle choices. For example, staff had worked with one person over a two-year period to build their confidence so they could achieve a personal ambition whilst managing their anxieties.
- People were involved in developing different approaches to keeping safe. This enabled them to take positive risks, to maximise control over their lives. For example, staff had supported people to have safe walking routes that were well known to both people and staff. People were given information about places of safety in the town centre they could go to if they felt scared, such as shops, libraries, leisure centres, GP surgeries or anywhere a person felt they could ask for support.
- With people who have Prader-Willi syndrome there is always a risk that any money a person has could be spent on food. The service had identified and assessed the risks, to support people to be able to take positive risks. For example, one person had been supported to manage their money independently. This had resulted in their confidence growing and building friendships through greater independence.
- Family confirmed that these strategies had been discussed with them so they were involved in the process of positive support and development of independence.
- Staff had a 'can-do' attitude and said nothing was impossible. For example, they supported people to complete weekly maintenance checks at the service. One person was also supported to undertake checks of the vehicle used by the service. The registered manager informed us that this gave people a greater understanding of the safety measures in place to keep them safe and their involvement was a great way to include them in maintaining their home.
- Risk assessments were detailed and were reviewed and updated swiftly if there had been any changes or incidents.

Staffing levels:

- People, relatives and staff told us that staffing levels were sufficient to keep people safe. One person said, "There is always enough staff to take us out and help us to be safe." A relative commented, "The staffing is very good. In fact, I would say it's excellent." A staff member told us, "The staffing here is very good. We always have enough time to sit with people, and can support them with their emotional needs by having time to talk."
- The provider followed robust and safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- People using the service were fully involved in the staff interview process, both formally and informally. This was achieved through a 'meet and greet' of potential candidates, and involvement with the interview panel who assessed candidates against a list of the qualities people looked for in new staff. This inclusive approach played an important part in ensuring excellent relationships between people and staff.

Using medicines safely:

- There were robust systems in place to ensure medicines were administered safely by trained staff. One relative said their family member's medication was well managed and explained, "There has never been any problems and I'm confident [relative's] medicines are given as they should be."
- People told us they had been greatly involved in their care planning and staff helped them to think through different options to consider what would be best for them. For example, how to reduce the level of their staff support to gain more independence in taking their medicines.
- Staff told us and records confirmed staff had been provided with training on the safe handling, recording and administration of medicines. Medication administration records (MAR) had been completed accurately and regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection:

- People were encouraged and supported to keep their home hygienic clean and the service was clean and free from any obvious risks associated with the spread of infection. The service had been awarded the rating of 'Very Good' by the Food Standards Agency, the highest possible score. This meant food was prepared in a hygienic environment.

Learning lessons when things go wrong:

- The provider had instilled robust processes that ensured accidents and incidents were thoroughly investigated and audited. The provider was quick to ensure a review of incidents with the involvement of other healthcare professionals if their advice was needed. Where amendments to support planning or risk assessments were needed, these were addressed quickly to reduce the risk to people's safety. This meant people's ongoing safety was reviewed, to reduce the impact on them or others.

Is the service effective?

Our findings

Effective – this means 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 had a comprehensive assessment of their needs before they went to live at the service. This was to make sure people's needs could be fully met and that they were happy with the support that was available. The assessment included understanding people's backgrounds, histories and what was important to them including their views, preferences and aspirations. People met with staff and had several trial visits before a joint decision was made if the service was suitable for them.
- We looked at the assessment for the person newest to the service. There was information about the healthcare professionals that needed to be involved in the person's care to ensure care was based on up to date legislation, standards and best practice. Their family member told us, "The staff worked extremely hard to help [my relative] settle in. I can't thank them enough for their tireless support."
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs.

Staff skills, knowledge and experience:

- People received care from staff that were knowledgeable and had received the training and support they needed. One relative said, "In my opinion the staff are very well trained. They know how to look after [name of relative] who has some very complex needs."
- Staff completed a wide range of training courses including specialist training that was applicable to their roles. This included training in behaviour management called 'Positive Behaviour Support'. This training focused on positive approaches to behaviour when supporting individuals through a crisis in a sensitive and caring way.
- Staff felt valued and were encouraged to increase and develop their skills and knowledge. The registered manager used team meetings and one-to-one meetings to support staff to identify areas where they would like to gain more experience. If staff felt they needed extra training, this was provided.

Supporting people to eat and drink enough with choice in a balanced diet:

- There was a strong emphasis on ensuring people's nutritional needs were fully met. People with Prader-Willi Syndrome (PWS) have chronic feelings of insatiable hunger and a slowed metabolism that can lead to excessive eating and life-threatening obesity. They need intervention and strict controls, to maintain normal weight and to help save their lives.
- Each person's food intake was closely monitored to ensure they maintained a healthy weight. People's access to food was strictly observed. For example, the kitchen at the service was kept locked to limit

people's access to food. This was a necessary measure recognised by PWS healthcare professionals to minimise unnecessary exposure to food.

- People had agreed to these measures being in place to minimise the risk of out of control eating and the consequence of life threatening obesity. This practice was necessitated by a duty of care and was reflected in people's care plan as being in their best interest.
- Records showed that staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs within the constraints of PWS. For example, staff ensured the calorific value of meals was measured to meet the nutritional needs of people.

Staff providing consistent, effective, timely care:

- People said they were supported to maintain good health and referred to health professionals when required. One person told us, "[Staff] take me to see the doctor when I'm not well."
- People had care plans for their healthcare needs and emergency grab sheets to take with them if they needed to go to hospital. Emergency grab sheets contain information about a person as an individual, for example their communication needs.
- One person was being supported with a life-threatening condition. Staff had actively researched best practice guidance on diet and the health support the person needed. They had also made links with health care professionals who were expert in this area.

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

- People told us they liked the design and decoration of the home and had helped to choose the colour schemes and furnishings.
- One person said they liked having the choice of being in their bedroom, using the communal rooms, and going into the garden. They told us, "It's nice here. I like my room and having somewhere to go to get away from it all."

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

- Consent was sought before care and support was provided. One person said, "[Staff] always let me know what they are going to do and where we are going."
- 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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff.
- People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 were being met. At the time of our visit we found the service was working in line with the principles of the MCA 2005.

Is the service caring?

Our findings

Caring – this means 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:

- People were treated with kindness and compassion. One person said, "Yes the staff are kind. They are my friends." A relative told us, "The staff are very caring. I would say they are all kind and thoughtful."
- People and their relatives told us that staff knew people's preferences and provided care and support that met their needs.
- Each person had their life history recorded and staff used this information to get to know people and build positive relationships with them.
- Staff understood the way each person communicated and provided the care and support they required.
- All staff we encountered spoke about people with warmth, respect and positive regard. People told us staff were always friendly and welcoming. During our visit we witnessed staff and managers greeting people by name and taking a genuine interest in them.

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

- People and their relatives confirmed they were consulted about the care and support delivered. A relative said, "My opinions are listened to and taken on board."
- Records showed people were involved in meetings to discuss their views and make decisions about the care provided.
- People were supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support.
- Choice and respect were two of the provider's values which we saw were embedded into staff's everyday practice.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was respected, their right to confidentiality was upheld and they were not discriminated against in anyway. Staff told us that people were weighed weekly and this was always carried out in private.
- Staff showed genuine concern for people and educated them about respecting each other's space and maintaining confidentiality.

- People were supported to maintain their independence. People's care plans included information on things they could do for themselves and those that they needed staff support with.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Relatives were regularly updated with people's wellbeing and progress.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

How people's needs are met:

Personalised care:

- Staff worked very closely with each person to establish their strengths and empowered them to make choices and supported them to gain as much independence as possible. For example, some people had been supported to join a gym and attend independently. Others had voluntary work in the local community.
- People were fully included in developing their care, support and treatment plans as well as given opportunities to develop the service. For example, the garden had been developed by people living at the service and they had won a national award for the garden design.
- Each person had a 'My perfect week' time table. This included activities such as, baking, going to church, swimming, dance class and bowling. One person told us, "We do loads of activities. We are always busy." They also told us they were going to drama that morning for a dress rehearsal of a play they were performing later that week.
- Staff supported people to identify their short term, medium term and long-term goals and dreams and there were clear plans in place to help people achieve these. For example, one person told us how staff had supported them to visit the set of their favourite TV programme and another person went on holiday with their partner.
- Staff understood the principles of the Equality Act and supported individual needs regarding disability, race, gender, religion, sexual orientation and cultural backgrounds and supported them in a caring way. Where people had expressed an interest in engaging in relationships, staff educated them about the different relationships that existed and supported them. One person told us, "I have a partner. Sometimes they come and stay here or I will go to their house."
- Staff supported people to practice their faith and attend church services where they chose. Those without any religious beliefs had their views respected.

Improving care quality in response to complaints or concerns:

- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.
- There were easy read guides available for people to help them understand the process of making a complaint. The registered manager showed an open and transparent approach around complaints,

encouraging people to let a member of staff or themselves know if they were unhappy with any aspect of their care.

- People we spoke with knew how to make a complaint and felt comfortable to do so. One told us, "I would go to [name of registered manager]." Relatives also knew how to make a complaint and were confident that any issues would be addressed in a timely manner.
- Staff told us they understood their roles and responsibilities in dealing with potential complaints and had access to appropriate policies and procedures. The management told us that there had been no formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints would be dealt with appropriately.

End of life care and support:

- At the time of the inspection, nobody was receiving end of life care. The staff had worked sensitively with people to offer support to plan for future events considering people's wishes.

Is the service well-led?

Our findings

Well-Led – this means 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.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- We found a clear management structure that passionately promoted person-centred values and a strong commitment to promoting independence and social inclusion. The registered manager and senior staff had the skills, knowledge and experience to perform their roles, with significant experience in managing Prader-Willi Syndrome.
- There was an extremely positive and open culture that ensured people were at the centre of everything the service did. People were empowered to be as independent as possible. Staff spoke very highly of the culture within the service and the wider organisation, drawing comparisons with others they had worked within and describing it as the best.
- People and staff commented that the registered manager and senior staff were visible and accessible and could be easily approached. One staff member told us, "[The registered manager] is a very good role model. They are very knowledgeable and have worked their way up. They have so much experience."
- All the feedback we received about the service was positive and we were told how valuable the service was to people. One relative told us, "This has been a life saver. I can honestly say I don't know what we would do if it wasn't for Haydock House. Everything about it is excellent."
- Staff described the approach to working with people as person centred and of striking a good balance between keeping people safe and achieving their goals. All staff without exception said they felt supported by the management team and told us how much they enjoyed working at the service. One staff member told us, "I love it here. We make sure people get the best support."
- The provider had embedded six core values in all roles within the organisation and all staff were expected to work with these values at the core of everything they did; irrespective of what that role that may be. These were discussed at staff meetings where staff were expected to give examples of how they had provided support in line with the provider's values. We found these values had been embedded into staff practice and demonstrated the provider's commitment to ensuring a focus on exceptional practice.
- The providers values included choice and respect, ambition and imagination, reliability and professionalism, honesty and integrity, responsibility and accountability and inclusive and supportive. As part of the recruitment procedure applicants are asked to complete an exercise in relation to the providers values. For example, they were asked to match a value to an everyday practice. This helped to ensure potential staff had the right values needed to work with people living at the service.
- The registered manager said that having staff with the right values and skills was essential and people using the service were involved in the recruitment process. This was to ensure potential staff matched the values that were at the heart of the service.

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

- The provider invested in the learning and development of its staff, which benefitted people through the maintenance of a stable, motivated and highly skilled staff team. The registered manager and staff team were clear about their roles, and understood quality performance, risks and regulatory requirements.
- Staff were motivated and proud of the service. There were consistently high levels of constructive engagement with people and staff from all equality groups, including those from different cultures and religions. Staff described supervision and appraisal as regular and supportive, with staff praising the high level of support they received from their line managers.
- Staff were complimentary about the collective skills of the staff team and the ability to learn from their peers. Staff described job satisfaction arising from senior staff within the team supporting them to develop their skills, giving them lead roles and empowering them to drive improvements and new initiatives. Staff felt empowered to lead within their own areas of the service and initiate new ways of working.
- Staff described how their career had progressed within the organisation as a result of opportunities to build experience as well as formal training and support to study for qualifications.
- Staff demonstrated a sense of ownership in their own part of the service whilst clearly explaining how it fitted into the wider picture. All staff had a job description and a clearly defined role, and felt able to contribute to discussions about the strategy for the service and future developments.
- The organisation recognised success within the service and organised an internal recognition awards event presented at the annual conferences. The registered manager had nominated the team at Haydock House for these awards.

Engaging and involving people using the service, the public and staff:

- There was exceptional communication throughout the service and records showed that regular meetings included staff meetings, manager meetings, focus meetings and fund-raising meetings. There were daily handover meetings where staff discussed anything of note and made sure they always had up to date information.
- The provider welcomed constructive challenges from people who used the service, the public and stakeholders. For example, we saw notes from meetings where people using the service had challenged some day to day routines and changes had been agreed as a result of these challenges.
- People told us they had a voice, and they felt like they mattered. They said meetings were a way to talk about areas of common concern, raise new ideas and challenge the service.
- If someone was visiting the service with a view to living there, people were asked to give feedback following their assessment visits. The registered manager informed us it was important that any new people moving in were compatible with those already living there. People's views were listened to and acted upon.
- People could be involved in paid work at the service if they wished. For example, some people were involved in recycling, cleaning and gardening. One person sorted the recycling daily and placed rubbish into the correct bins. They also made sure the bins were put out and brought in on collection days. The provider actively encouraged people to participate in the running of and maintenance of the service.
- Staff surveys monitored morale, and showed high levels of satisfaction across all domains. Staff gave examples of support given by their line managers and the senior staff to support them in their roles. All staff we spoke with felt respected, supported and valued.

Continuous learning and improving care:

- The provider used an incident reporting system that flagged which serious untoward incidents required

escalation and external reporting, for example, to the Care Quality Commission (CQC), safeguarding teams or the police.

- The provider had robust business continuity plans in the event of adverse weather or other major disruption to service delivery.

Working in partnership with others:

- The service was an important part of its community. For example, it had developed community links to support people to stay safe when out in the community. People could go to the local library and shops as places of safety while out in the community if they felt unsafe or threatened. In addition, people had been supported to obtain voluntary work at local services making them a valuable part of the local community.
- The service worked closely with the police to support people to stay safe. They visited the service to talk with people and safety and had also spoken with people individually.