

CFT Care Limited

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Inspection report

Tuctaway
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Clacton-on-sea
CO15 2DN

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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

CFT Care Limited provides personal care and support to people living in a range of supported living schemes. This included both shared and single accommodation. They can provide a service to people with learning disabilities, autistic people, people with a physical or sensory need and people living with dementia.

At the time of the inspection 43 people were using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People were encouraged to play an active role in maintaining their own health and wellbeing and supported to have access to specialist health and social care support in the community. Staff knew how people preferred to take their medicines to achieve best possible health outcomes.

Staff supported people to take part in activities and pursue their interests in their local area, for 1 person they said they liked, "Going fishing." Although the level of support received varied, dependant on the person's funding and support plan, staff used a flexible, caring approach to ensure people did not become socially isolated.

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 service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

Right Care:

Staff promoted people's equality and diversity they had a good understanding of people's individual communication needs, to ensure their voice was heard. People received kind and compassionate care from motivated staff who protected and respected people's privacy and dignity. One person's relative

commented, "The level of care and conscientiousness of the staff...couldn't have chosen better."

People's comprehensive support plans provided staff detailed guidance on the level of support they wanted, which was kept under review and updated to meet the person's changing needs and aspirations.

Staff benefited from having a dedicated training facility and full-time trainer which ensured staff were appropriately skilled to meet people's needs and keep them safe.

Right Culture:

People's quality of life was enhanced by the service's culture of improvement and inclusivity. The provider and management had a strong visible presence within the service and placed people's wishes, needs and rights at the heart of everything they did. One person's relative told us, " It's well led, and I have never had to approach the manager. I am absolutely happy with everything."

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. The provider was open and honest about some feedback they had received, and what action they had taken to address it.

Staff told us they enjoyed their work and felt supported by the management who they described as approachable. We observed people at ease with staff, with staff demonstrating the provider's values, of supporting people to be as independent as possible and have a good quality life.

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 22 November 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

CFT Care Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of an Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced.

Inspection activity started on 26 April 2023 and ended on 1 June 2023. We visited the location's office/service on 26 April, 4 May, and 1 June 2023.

What we did before inspection

We reviewed information we had received about the service since they registered in November 2021. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of a CQC monitoring activity that took place on 28 November 2022. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also met/spoke with 9 staff. This included administrator, core support workers and support workers. With their permission, we visited 8 people living in their homes. We also spoke with 9 people's relatives to gain their views of the service.

We reviewed a range of records. This included 5 people's care records, a sample of people's medicines records, risk assessments and safeguarding investigation reports. We also reviewed 3 staff recruitment records, staff rosters, staff training records and records relating to the quality assurance of the service, including internal and external audits, policies, and minutes of meetings.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives felt people were safe. One person's relative told us their family member, "Loves everyone and is definitely safe." Another commented, "[Family member] is safe. If we had any doubts, we would do something about it."
- Staff had training on how to recognise and report abuse and they knew how to apply it. The service also had a 'safeguarding champion' who completed extra training and was able to provide advice and guidance to staff.
- The registered manager understood their responsibility to make a referral to the local safeguarding authority and support with any investigation. Records showed where they had investigated and provided appropriate feedback to the local authority, including actions taken to reduce risks to people.
- People and those who mattered to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- People's needs varied from very low-level needs to very complex needs. Care records showed a person-centred approach to risk management, with the involvement of people in taking decisions how to keep safe. This included supporting people to take positive risk without taking away their independence. We saw a person, with mobility issues, wanted to walk independently, a staff member walked by them just in case they got into difficulty.
- Staff recognised signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. This included external triggers, which staff had no control over. People's freedom was restricted only where there was a risk to themselves or others and used as a last resort and for the shortest time possible.
- Staff were trained in the use of restrictive interventions; the training was certified as complying with the Restraint Reduction Network Training standards. The service benefited from having trainers located at their offices, licenced to train staff in using the 'whole-person approach' which supported them in using strategies to prevent the use of restraint. One person told us they were aware they didn't, "Kick off," as much as they used to, which staff put down to the person-centred approach they were using.
- All restrictions of people's freedom were documented, monitored, and triggered a review of the person's support plan. When any restrictive practice was used, the provider's specialist behavioural support team were made aware. This enabled them to review the incident and whether there could have been any less restrictive practice put in place.

Staffing and recruitment

- The service had enough staff to meet people's hours as given in their support plan. Rotas were developed

to match people with suitable staff, considering factors such as staff training, competencies, experience, and personality. However, 2 people's relatives commented on the high turnover of staff. One relative told us, "They have trouble getting staff."

- The provider acknowledged there had been a high level of agency staff used. The reasons for the high use included the impact of the pandemic with staff leaving, and finding suitable candidates to fill the vacancies. During the inspection we saw action taken by the provider through their recruitment drive, retention through staff incentives, and sponsorship of skilled overseas staff, had been successful in greatly reducing the amount of agency staff used.
- A person's relative told us there was a "Quick reference," document [Day in your life], which gave staff information they needed to be aware of. The registered manager said they had been put in place especially for new and agency staff to give a 'snapshot' about the person.
- The provider had safe recruitment systems in place, however, was not always being followed where gaps in 2 staff's employment history, had not been fully explored. Action was taken by the management to obtain missing information and put further checks in place to prevent it happening again.
- A person's relative told us, "We are involved in the appointment of staff," which included asking their own questions during the interview.

Using medicines safely

- The support given to people to take their medicines as prescribed, was tailored to the person and risk assessed. Records showed this ranged from people who looked after their own medicines, to people who required full support from staff.
- Only staff who had completed their training and had their competency checked could administer people's medicines.
- People's records showed their medicines were kept under review. A person's relative told us they had recently received a call, "About a medication review."
- Checks and audits were in place to support management to identifying and investigate any administration errors and take effective action to reduce the risk of a reoccurrence. This included additional training and competency checks.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The use of 'as and when required' known as PRN medicines were closely monitored. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- Staff completed mandatory infection prevention and control training and food hygiene training. Senior staff carried out spot checks to assess staff's knowledge in this area and ensure compliance.
- Staff had received training in the use of personal protective equipment (PPE) and staff confirmed they had access to PPE supplies.
- People were encouraged and/or supported to wash their hands regularly and keep their home clean. Where staff provided support, cleaning schedules were in place. We observed in one supported housing complex, a small amount of limescale build-up around some taps, and a toilet brush holder with fluid, which could be potential areas for bacteria to grow. The registered manager took action to address.
- Staff encouraged people to stay at home if they were unwell to reduce any potential risk of infection to others. During the pandemic, to try to support people to understand social distancing, staff had marked off lines in the car park to help demonstrate.

Learning lessons when things go wrong

- Systems were in place to record any accidents, incidents, concerns and safeguarding to look for learning, and take action to reduce the risk of a recurrence. Team meetings and handover meetings included sharing information about any concerns and actions taken with staff.
- There was a culture of learning from mistakes and the management team had an open approach and were keen to provide a good consistent service.

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

- People's needs were assessed prior to them taking up a tenancy.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- People's 'All about me files' reflected a good understanding of people's need, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who received relevant training in evidence-based practice. This included training in autistic spectrum disorders, diabetes learning, and disability awareness. Training was constantly monitored to ensure it reflected people's initial, changing and/or specialist needs.
- Staff received an induction and training which included 2-week shadowing an experienced member of staff, which enabled them to get to know the people they would be supporting. Staff recruited through the sponsorship programme, in addition to their induction training, included support from a 'buddy' to help adapt to life in the UK.
- Staff told us they had ongoing access to training, both face to face and eLearning. This ensured staff kept up to date to continuously apply best practice. A staff member said if staff did not attend refresher training within set timescales, they would not be allowed to work and, "Removed from the rota."
- The provider had their own training facilities and full time-trainer, whose role included checking staff's competency to ensure they understood and applied training and best practice. They could also supply 1:1 training/support to assist individual staff's learning and people's specialist needs.
- Regular staff supervisions and team meetings were held. Staff said they were able to voice any ideas or concerns and they felt listened to.

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

- Staff supported people with their nutritional and hydration needs where this was an agreed part of their care and support.
- A person's relative said they would prepare the shopping list, and staff ordered the food. They said staff were aware of how the food needed to be prepared to meet their family member's individual swallowing needs to ensure their safety.
- Staff gave us details about people's individual dietary requirements, which reflected the information given

in people's care records. Where a person was at risk of choking, staff prepared the person's food in line with the speech and language therapist's recommendations.

- People were supported to have choice about their meals and go shopping to buy the ingredients. At lunch time we observed people being supported by staff to prepare their individual food choices, which they sat and ate together at the dining table.
- A person was at risk of being malnourished, was supported by staff who were patient, and empathic when the person did not want to eat. Their approach, trying different small portions of food, ensuring it was prepared as the person wanted it, resulted in the person eating a small amount of food without becoming distressed.

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

- Staff supported people to make and attend healthcare appointments which included hospital and GP appointments. Staff recorded any contact made with health professionals in people's daily notes to ensure all staff were kept updated.
- A person's relative told us, "They keep me informed of all [family member's] appointments." Another told us, "They ring me when [family member] has been to any appointments, and they always ask me what do I think?"
- Records showed people were referred to health care professionals to support their wellbeing and help them to live healthy lives We saw staff monitoring a person's welfare, and liaising with healthcare professionals to keep them updated on the person's condition.
- Staff knew who to contact if people needed medical support. Care records and risk assessments included contact details of appropriate health care professionals so staff could contact them to seek advice.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- All staff received MCA training and had their knowledge evaluated to ensure they had a good understanding, which included a quiz. Where it was identified staff still required further knowledge, they were supported through extra training.
- Staff empowered people to make their own decisions about their care and support. We observed this happening throughout the inspection. Including people being asked if they consented to us visiting their home and acting on their response.
- Staff understood their roles and responsibilities in relation to the MCA 2005 framework. At the time of the inspection, where a restrictive practice was in place to ensure safety and wellbeing, an application had been submitted and awaiting assessment. Records showed the person had been consulted and involved in the

decision.

- The registered manager provided examples of where people made their own decisions, some of which were not wise, but had been deemed to have capacity to understand any associated risks. Records also showed action taken to minimise any risks.
- People were supported to understand about consent. For example, to support people looking to develop relationships. Systems were in place for people to attend sexual awareness sessions, which included discussing consent.

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 saw people as their equal and created a warm and inclusive atmosphere. One person's relative told us they were, "Very pleased with the service. The carers are tuned in to [family member's] needs."
- Staff showed warmth and respect when interacting with people. They were patient and used appropriate styles of interaction with people and were mindful of individual's sensory perception and processing difficulties.
- We visited 2 of the group supported living services. We sat with people in the lounge, observing staff's positive interaction. Staff were attentive, instigating conversations, ensuring everyone was involved. We could see people were at ease with the staff.
- The service aimed to ensure people were well matched with their regular team of staff to ensure people were at ease, happy, engaged and stimulated.
- Staff were trained in equality and diversity to enable them to support people appropriately. This included ensuring records were written in a respectful manner. People had access to their records, so they could see what had been written about them.

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

- Care records showed staff empowered people to make their own decisions about their care and support. We heard several examples of this during the inspection and saw staff listened to people and responded. Staff respected people's choices and wherever possible, accommodated their wishes.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was well documented.
- The interactions we observed showed staff understood people's individual communication styles and we saw they had developed a good rapport with them.
- Staff supported people to maintain links with those who were important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed treating people with respect and dignity, adapting their approach where needed to meet individual's needs. They knew when people needed their space and privacy and respected this.
- People had the opportunity to try new experiences, develop new skills and gain independence.
- Staff described supporting people to maintain their independence which was well documented in their care records. A staff member told us their aim was to ensure people were, "Independent as possible... there is a fine line between supported living and taking over their lives."

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

- The registered manager told us they referred to people's care records as, "All about me files," not care plans. This reflected the provider's culture of putting the person at the centre of their care. A person's relative praised the quality of the information which they said, "Is made up of acquired knowledge [about family member] over the years."
- The service had specialist trained staff able to offer positive behaviour support. This had meant people who previously would have needed to reside in a specialist residential home, to be able to live in their own home. A person's relative spoke about the positive impact they had seen in their family member's life, "The transformation has been excellent."
- People were encouraged and motivated by staff to reach their goals and aspirations. Records provided information on how they were going to be achieved, and progress was checked during review meetings.
- Staff provided person-centred support with self-care and everyday living skills to people. People were supported to understand their rights and explore meaningful relationships.
- A call system enabled people to call for additional support/talk to staff if they have a concern. We observed the system in use during the inspection, with people contacting staff to request additional help, or advice.

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

- Staff were committed to encouraging people to develop and maintain social and life skills which included access to community learning opportunities, for example attending college, volunteer work, and employment. A person had been accepted for an 'entry to work programme.'
- Another person had become a member of a political party, local pride group and attended events to raise the public's awareness of the difficulties facing young, gay autistic people.
- People were supported to participate in their chosen social and leisure interests on a regular basis, in line with their support plan and funding. A person's relative told us, "They are always out."
- Staff had good awareness of people's individual preferences when socialising to reduce the risk of becoming isolated. The registered manager provided examples of how this included staff, in their own time, accompanying people to access local facilities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed prior to using the service, then kept under review and appropriate action taken if needed. For example, a referral to the local speech and language team to request an assessment and support; and acting on their recommendations.
- Staff were able to tell us about people's individual communication needs. We observed good interaction, as staff changed their approach to support individual people's communication needs. A person's relative told us how the staff knew the person, "So well," and they had a, "Good understanding" of their body language.
- People's care records provided information on their current communication needs and the level of support they required. People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- The service used computer software to convert documents into easy read or replace words into Makaton symbols. Documents could also be supplied in Braille, large print and by email to support people's individual needs.

Improving care quality in response to complaints or concerns

- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A person's relative commented, "The service is good, I can ring with a problem, and it gets resolved."
- Where the Commission had received concerns direct, and passed back to the provider to investigate, it was carried out in a timely manner.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

End of life care and support

- 'How I would like to be cared for when I am dying' support plans, enabled people to express their needs and wishes as part of end-of-life care.
- The registered manager told us about the end-of-life support provided for a person who had given staff clear instructions on their wishes, including wanting named staff with them 24 hours a day. The registered manager told us, "Staff made sure they did everything," the person wanted, going, "Above and beyond what was expected of them." This included, in the early hours of the morning, as they left their home, staff lining up to wave goodbye.
- The service worked alongside other agencies to ensure people's needs were met at the end stage of their life to enabled them to remain comfortable and pain free.

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.

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

- The provider and registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights, and enabled them to develop and flourish.
- One person's relative told us, "It's very well led and if I had a problem, I could go to them. So far, I can't think of anything I would change. I would recommend this place to my family."
- Staff told us they felt listened to by the management team and the registered manager had a visible presence and good oversight of what was happening in the service. This was further evidenced whilst meeting people during the inspection, who all knew the manager and was at ease in their presence. A person with restricted vision, on hearing the registered manager's voice, smiled, and put their hand out for them to hold.
- Records of team meetings identified as well as being used as a forum to share information, it also enabled staff to raise any ideas or concerns which were acted on.
- We observed staff working well together. A staff member told us they, "Work well as a team." Another commented, "Best team I have worked with," saying how they supported each other.

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 registered manager was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.
- The registered manager told us people would go to the office and ask to see their incidents reports following an incident, as they liked to see what staff were writing about them.
- The manager was open about some of the difficulties they had encountered and described actions they had taken to address them.
- Staff were aware of the provider's whistle blowing policy and knew how they could use this to raise concerns.
- The service formally informed us of notifiable incidents, as required. However, we had not been notified when the service were informed of a concern by the local safeguarding team. The provider was open and honest with the reason why, which identified a genuine misunderstanding, and would make their reporting system more robust to prevent it happening again.

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

- The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs/ oversight of the service they managed. A person's relative told us, "It's well led, and I can approach the manager with no problem. I wouldn't change anything its good."
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Management and staff were able to clearly tell us about their role and shared the provider's values of maximising people's independence and supporting people to have a good quality life. One staff member told us when undertaking a new task/role, management would provide support and, "Ask if you feel confident."

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

- The provider sought feedback from people and those important to them and used it to develop the service. The different forums used included 6 monthly survey feedback, meetings, in person and through observation.
- Changes brought about through survey feedback included changing people's support times and cancelling hospital transport, replacing it with taxis and staff support.
- The registered manager was proactive in visiting people's homes, talking to people and observing staff's practice as part of gaining people's views and experiences. Where people were unable to verbally communicate, they used different methods of communication, including pictorial and the use of 'smiley' faces.

Continuous learning and improving care

- The provider invested sufficiently in the service, embracing change and delivering improvements. The provider told us they were aware of the lack of accessible transport in the area and had purchased a vehicle which could accommodate wheelchairs to address this.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager provided an example of how analysis of a person's incident reports had helped them identify the root cause for their behaviours. By taking effective action to ensure meaningful activity during a set time of the day, had led to a reduction in incidences.
- Where 2 relatives felt communication could be improved as they were not always being kept involved/updated what was happening in the person's life. To address this, the provider had put in place a system where a nominated member of staff known as the 'key person' would take over direct contact with the family member.

Working in partnership with others

- The registered manager told us how they worked with or alongside various professionals and people from other agencies to enable them to provide a joined-up service, maximise services and prevent a duplication of services. People's care records evidenced what we were being told.
- As part of keeping their knowledge updated on best practice, the registered manager was part of a social media group and attended meetings with other registered managers. They also received email alerts and reminders from reputable sources to update them on any guidance changes so they could read the updates.
- The provider's action plan following an audit carried out by commissioners of the service, showed how they had used the feedback given to drive improvements.