

Godfrey Barnes Care Limited

Field House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Field House is residential care home providing personal care for up to seven people with mental health needs, learning disabilities and/or autism. At the time of the inspection, seven people were living within the home.

The home is two storey detached house that has been adapted for its current purpose a single level property in a residential area of Burton on Trent. There is a large garden and a multi-use Astro turf sports pitch. Public transport is easily accessible and provides links to the local and wider community

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The principles reflect the need for people with learning disabilities to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. There were deliberately no identifying signs to indicate it was a care home Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

Staff were kind and caring towards people and had developed very trusting and mutually respectful relationships with them, knowing them in detail, including their histories, likes and dislikes. The service provided exceptionally responsive, person-centred support and focused on highly individualised support, which had achieved some exceptional outcomes for people.

The registered manager and staff were highly responsive and skilled at helping people achieve positive

outcomes, building confidence, independence and helping develop life skills. People had been introduced to new activities, which had led to the development of new interests, healthier lifestyles and educational opportunities. Through highly detailed and focused care planning and support people had become significantly more independent.

Visiting professionals consistently told us the service was focused on providing person-centred care and support to help people achieve their personal goals and life ambitions. They told us the registered manager and staff had worked collaboratively with other agencies and families to achieve some exceptional outcomes for people that had greatly improved their quality of life.

The provider had safeguarding systems to protect people from the risk of abuse or unsafe care. Staff were aware of the procedures, had received training on it and knew what action to take. We saw that staff treated them with kindness, compassion and respect and made sure their dignity was maintained.

The registered manager and staff team clearly understood the importance of supporting people in their personal and spiritual needs and when they experienced bereavement and loss. Staff were skilful in supporting people to express their feelings.

Staff assessed and reviewed people's physical, mental health and social needs and were supported with the proper and safe use of medicines. Detailed care plans had been developed with the close involvement of the person and where appropriate their families to give a vivid picture of the person and their needs.

The provider had policies and procedures to support the safe recruitment of staff. The registered manager made sure sufficient numbers of appropriately trained staff were on duty throughout the day and night to make sure people received the support they needed.

People received support to maintain good nutrition and hydration in line with their personal choice. People's healthcare needs were well understood and met promptly. Staff worked with other agencies and professionals to support people's health and well-being.

People's communication needs were thoroughly assessed and understood by staff. This helped to support people's communication needs and the Accessible Information Standard (AIS).

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.

Governance and quality assurance were exceptionally well-embedded within the service. The registered manager and staff used recognised monitoring tools to analyse trends and highlight areas they could work on to improve support for people. Staff felt valued and respected by their manager and included in decisions about service development. They demonstrated consistently high levels of commitment and morale.

The leadership of the service promoted a positive, open culture. The registered manager was open and transparent throughout our inspection and it was evident that the ethos of the home was to promote an open and transparent approach in all they did. The registered manager displayed knowledge and understanding around the importance of openness and working closely with other agencies and healthcare professionals to make sure people had good care.

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

Rating at last inspection

The last rating for this service was good (Published 8 March 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Outstanding ☆

The service was exceptionally 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.

Field 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 (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.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Our planning considered information we held about the service and included information about events and incidents the provider must notify us about. We asked commissioners, the local authority and professionals who worked with the service for their experiences of the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We looked around the home, reviewed records relevant to the running and quality monitoring of the service, the recruitment records for all new staff employed in the last year and policies and procedures. We looked at training and supervision records. We looked at care records and the records of medication administration, medicines storage and management.

We spoke with four people who lived at Field House to ask about their life there. We observed people's daily routines and staff interaction.

We spoke with three staff members on duty about their experiences of working for this service and the registered manager, who was present throughout the day.

After the inspection

We continued to seek clarification from the manager to corroborate what we found. This included recruitment and maintenance records.

We obtained more feedback from four health and social care professionals and commissioners who were involved with people living at the home.

We contacted a relative of a person who lived at Field House who was happy to speak with us.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in line with local authority guidance to protect people from harm and abuse.
- The registered manager understood their responsibility to report suspected abuse to the local authority and work with them to keep people safe.
- Staff knew how to recognise and report abuse to help protect people from risk and had received safeguarding training relevant to their roles. Staff we spoke with were confident the registered manager would act quickly to keep people safe if they reported any concerns.

Assessing risk, safety monitoring and management

- The provider has clear processes in place to identify and protect people from avoidable harm.
- Staff had completed detailed risk assessments to identify any foreseeable risks to people's health, welfare and safety. This included, people's medicines, any dietary, nutritional or swallowing risks, falls, mobility, accessing the community and travel and any risks in the home environment. This helped make sure staff could support people to remain safe whilst maintaining their freedom and giving them choices.
- Accidents and incidents were recorded and regularly analysed for any themes or trends. Servicing and monitoring records indicated equipment was maintained and safe for people to use.

Staffing and recruitment

- The provider had policies and procedures in place to support safe recruitment. The registered manager had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to work with people made vulnerable by their circumstances.
- There were sufficient numbers of appropriately trained staff on duty during the inspection and on the rota for the day and night shifts so people could receive the support they required. Staff told us they worked well as a team and if needed would cover unplanned staff absences at short notice to try to make sure people were properly supported and could attend their activities. The registered manager was actively recruiting new staff to make sure they had sufficient suitable staff available.
- We saw people were supported on a one to one basis and as they needed in the home and in the community. This meant people were being supported to do the things they wanted both inside and outside of their home.
- The home had a rota champion who worked with the registered manager to monitor and amend the staffing rota to help make sure the right skill mix was in place to meet the needs of the people who lived there and keep them safe.

Using medicines safely

- People were supported with the proper and safe use of medicines.
- The provider's policies and procedures provided guidance to staff to manage people's medicines in accordance with current guidance and regulations. Care staff received medicines training and were observed when handling and administering medication before being signed off as competent.
- People's ability to manage their own medicines and their capacity to understand what their medicines were for was assessed and support plans reflected this. One person's plan showed how they were being supported to be more involved in managing their own medication. This was being done so they could gain more independence and control to help them prepare to move to more independent living in the community.
- Medication monitoring had resulted in people not needing to have as many 'as required' medicines to help manage behaviours.

Preventing and controlling infection

- The premises were clean, tidy and hygienic.
- Staff had received training on infection control and understood their responsibilities. Personal protective equipment [gloves and aprons] were available for providing personal care.
- The registered manager audited infection control procedures regularly.
- The home had achieved a 5 Star rating from the national food hygiene standard rating scheme. This meant the hygiene standards were very good.

Learning lessons when things go wrong

- The provider had internal systems to identify when things went wrong and lessons that needed to be learned. The registered manager kept records of accident and incident investigations.
- Internal analysis of incidents had shown how changes in the environment had reduced incidents of tension between the people living there.
- Medication audits had highlighted when recording errors had been made and the action taken to help prevent a reoccurrence.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- The registered manager and staff were working within the principles of the MCA. Restrictions on people's liberty had been authorised and conditions on such authorisations were being met.
- Staff made sure consent to care and treatment in the care records had been considered by people with the appropriate legal authority to help make such decisions. Capacity assessments considered specific decisions people needed to make about their care and treatment. This helped to protect people's rights and make sure any decisions made for them were in their best interest.
- Staff had been trained on the MCA and DoLS and understood the principles behind the legislation. We saw appropriate authorisations to deprive people of their liberty had been obtained from the local authority and staff followed the requirements in the DoLS.

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

- The registered manager used evidence-based techniques and trend analysis of incidents to monitor and assess people's behaviours, improve their environment and recognise their progress in meeting both long- and short-term goals.
- Staff completed pre-admission assessments before people came to live at Field House. This helped to make sure the service could meet their needs and preferences fully.
- Staff did detailed needs assessments with people showing individual goals and expected outcomes.

Nationally recognised tools were used to assess risk such as, skin damage and nutritional risks. These were regularly reviewed and updated with any changes in needs and choices.

Staff support: induction, training, skills and experience

- Staff were well supported to develop and maintain the required skills and expertise to support people effectively and safely through an established training programme.
- Staff told us they received regular supervision and the training to be able to undertake their role and responsibilities. They confirmed the training and support received had prepared them to meet people's needs.
- A staff member told they had been "fully supported" by the registered manager and provider to overcome some initial fears with aspects of their role and to develop good relationships and mutual trust with people they supported.

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

- Staff supported people to make healthy choices about what they ate and drank to improve their diet. They completed nutritional assessments to identify people's needs and any risks they may have when eating, including choking risks.
- Staff prepared meals that met people's known preferences and special dietary needs. People were encouraged to help choose their own food, be involved in healthy menu planning and decide where they wanted to take their meals.
- We saw this had a positive impact on people's lives including one person succeeding in significant weight loss to improve their health and well-being.

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

- People's care plans showed close involvement with external health and social care professionals. This had been documented and advice and guidance included in plans and followed.
- People's care records showed relevant referrals had been made to professionals promptly to meet individual health and care needs. People had regular health reviews and regular contact with specialist services to help them manage their health and well-being.
- We received feedback from a social care professional in learning disability who told us the service worked in partnership with them to improve people's lives and in the least restrictive way.

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

- The home was designed and adapted to meet the physical and recreational needs of people and accommodate any equipment they needed.
- The staff and registered manager had created a safe and homely environment at Field House, where people were supported and encouraged to move about freely. There was easy access to outside space and garden areas that had been assessed for risks. People had places in the garden to sit and relax or take part in sports.
- People and their families were involved in decisions about the premises and environment. People chose the decoration and items in their room, so they were personal spaces where they could spend time if they wanted.

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 treated with kindness, respect and consideration and there was a warm, caring atmosphere in the home. The service provided equality and diversity training for all staff. This covered the definition of the protected characteristics
- People with limited verbal communication showed us they felt well cared for. We saw they were relaxed and at ease with staff, laughing, smiling and sharing jokes with them. People clearly had good relationships with staff. Those who could communicate more easily told us they were happy.
- Staff we spoke with expressed warmth and affection about the people they supported.

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

- Staff understood people's rights and had training in protecting and promoting them. We observed people were treated very much as individuals.
- During the inspection, we observed people consistently making choices about how they wanted to spend their time. The management team and staff demonstrated high levels of commitment and flexibility to meet people's wishes and allow them the freedom to choose, even when they often changed their minds.
- People using the service were often supported to express their views by their families, but advocacy services were available if needed or in an emergency. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- We observed respect for privacy and dignity was an established part of the home's culture and the registered manager was the nominated dignity champion for the home.
- People were encouraged to be as independent as they could be. This was reflected in their care and progress plans. Staff were clear about the importance of making sure people followed their preferred routines and attended to their own care where possible. We found people had developed life skills that made them more self-sufficient and confident.
- People were supported to maintain and develop relationships with those close to them. A relative told us they were welcome to visit anytime and always felt welcome.
- There were appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view.

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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- There was an exceptionally person- centred culture in the home, created by highly motivated and skilled registered manager and staff who had made a relaxed and supportive home for the people who lived there. Excellent consistency and continuity of care provided by the staff team had a major impact on people's quality of life. Care plans had goals and outcomes tailored to people's needs and level of ability to clearly show us their personal progress and support to help them succeed.
- Health and social care professionals contacted us to tell us how "impressed" they were with the "consistently person centred and caring support" people received at the home. They described the service as "outstanding, responsive" and with "skilful staff" who empowered people to achieve their potential. Professionals confirmed what we saw in practice with "exceptional outcomes" for people living at the home that had improved their lives "beyond all recognition". They told us people who had come to the home, with highly complex needs and behaviours had "blossomed" there.
- We were given several examples of how management and staff had gone 'above and beyond' to have a meaningful impact on people's lives. The quality of life, confidence and self-esteem of one person we spoke with had grown as they were supported by staff, practically and with accessible information, to lose stones in weight. Previously socially isolated, resistant to support and with a sedentary lifestyle the person proudly told us about their life changes to healthier eating, taking part in sports, swimming and social events that had changed their life forever. A social care professional confirmed they were more independent in their personal care and life choices, so much so that a recent review highlighted them for a move to supported living. They told us, this was an outcome they could only have previously imagined and that "Field House has been an extremely positive influence and I cannot praise their support and care enough."
- We saw staff were totally committed to making people's days full of meaningful activities and educational experiences. They were consistently on hand to guide and encourage people to make the most of their time and support them to enjoy life to its fullest. We saw the transforming impact on a person who, on arrival had presented great challenges with behaviours and personal care needs. We saw they now required only prompting to attend to personal care. This had consistently improved using steady and individualised support from staff working collaboratively with other agencies. The person had been carefully supported to develop their life skills and achieve their personal goals and attend college. They were very proud of their 94% attendance rate and professionals involved told us the person had made such great progress at Field House it was "highly likely they will stay on to complete the employment year."
- One person had a love of music that was a large part of their life. The care team looked for safe ways to achieve their lifelong ambition to attend a live music event. A suitable music festival was found and the person selected the staff they wanted to support them. We were shown their photographs of a day when

they danced and listened to music and fulfilled their dream. They interacted with other festival goers so well the staff were planning the next trip to another day time festival to add to the person's experiences.

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.

- Staff supported people to communicate in the way they preferred and found easiest about what they wanted in their home and outside it.
- Pictorial formats and images were used with good effect to support and help people's understanding, to stay safe and deal with difficult situations. Makaton signs, verbal and body language cues and drawing were all used to help express feelings and anxieties and for people to feel safe to make their feelings known.
- Talk time or feelings books were utilised to try to direct any outward emotions onto paper and encourage talk instead of shouting.
- Accessible information was produced to meet individual needs including on mental capacity, deprivation of liberty and advocacy. The registered manager had plans to develop all policies and procedures in easy read formats so people had better access to this information.

Improving care quality in response to complaints or concerns

- Complaints and concerns were well managed. The provider had a clear complaints procedure and had a thorough process for the recording and monitoring complaints or concerns raised. We saw records of how complaints were responded to and this was done in a sensitive and professional way.
- There was an accessible information for complaints and concerns and on keeping safe displayed prominently. This was in different formats to meet different needs, such as easy read and large print.
- People who lived in the home had good relationships with staff and had spoken with them when they were concerned or anxious. Everyone we spoke with provided us with positive feedback about the quality of care and management of concerns and incidents

End of life care and support

- No one was receiving end of life support at the service. However, people were supported with loss and the bereavement process when needed. Staff had completed equality and diversity training and clearly understood the importance of supporting people's emotional and spiritual wellbeing, in line with their personal wishes
- We saw the registered manager and staff team had responded immediately and skilfully to support one person with the loss of a close family member. Social care professionals told us staff in the home supported the person "with utmost compassion and empathy and responded like any family would." The staff helped the person find a way to pay a special tribute to their loved one in a way that held a deeply personal meaning for them and helped them remember the person.
- To specifically support the person staff had helped them create a bereavement booklet with pictures formats, supported them to attend church, lay flowers and say prayers. The bereavement booklet helped them accept their loved one had passed away and they should talk to staff when they felt upset.
- Professionals working with the person in their bereavement commented, "The quick, caring and compassionate efforts of the team helped them through the most difficult of times and helped them openly talk about [relative] without undue distress which has had an immensely positive impact."

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 good. At this inspection this key question had improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager and staff consistently placed people at the heart of the service, understood the importance of maintaining an inclusive culture and a belief in getting the best from people.
- The culture within the home cultivated an attitude of 'we can do this' amongst people and staff to achieve ambitions. This had led to some life changing outcomes for people, with a significant impact on their well-being and the quality of their lives. Professionals gave us individual examples of how staff looked for ways to give people control in their lives to get more from it. This included using an intensely supportive incremental strategy to help a person manage their behaviours to be able to access the local community and travel, visit more places and eventually take a holiday.
- Staff told us they felt valued and appreciated and supported to develop in their work and staff morale was "very good". They told us Field House was "A really well led service", "A happy, lovely place to work" and "The manager really listens to ideas and involves us in decisions about our work and the home."

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

- Governance was extremely well-embedded within the service. The registered manager and staff operated a very thorough risk monitoring and quality assessment programme. They clearly understood their responsibilities and accountability for their actions and for strictly monitoring risks to people. To this end they used accident and incident trend analysis to evidence trends and themes so they could take the right action for people.
- Care records, our observations and feedback from health and social care professionals demonstrated a strong organisational commitment to reducing the level of incidents and behaviours that may challenge others. Using recognised monitoring tools staff identified where negative incidents between people were occurring in the home and why. Incident reviews and debriefs supported care plan reviews to evidence the need for environmental changes in the best interests of people living there. The care team, professionals and family members, worked collaboratively and agreed a plan based upon the trend evidence. Following the analysis and action taken incidents of aggression and tension between some people was significantly reduced. The impact on the on the quality of daily living for everyone was clear and illustrated in the detailed records kept to analyse the events and evaluate the changes made.
- Thorough medication monitoring had also resulted in people not needing to have as many 'as required' medicines to help manage behaviours. This had a very positive effect on people's well-being, control and

quality of their lives.

- The registered manager was open and transparent throughout our inspection and it was clear the ethos of the home was to promote an open and transparent approach in all they did. They were clearly dedicated to their role and fully aware of their responsibilities in relation to the duty of candour. Staff understood the importance of reporting any accidents and incidents and changes in people's mental and physical health to the appropriate professionals and agencies and of keeping families informed. This indicated that the principles behind a duty of candour were recognised and valued within the service's culture.
- Certificates of registration and current inspection ratings were on display within the home. Appropriate notifications had been submitted to the Care Quality Commission (CQC), which is a legal requirement.

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

- The registered manager and staff had cultivated an extremely open, and inclusive culture. They sought ideas and feedback from people, relatives and staff to create a very open and relaxed place for people to live. Community professionals told us the home treated everyone as a "unique" individual and valued their differences. We observed communication at all levels in the home was very good and people were happy and their independence was very actively promoted.
- We observed the registered manager with people in the home and their warmth and understanding was clear in how they dealt with situations. It was clear the people who lived there trusted them as they responded to their suggestions and guidance and we saw how this quickly diffused situations.
- Records showed multi-disciplinary meetings were held, which enabled people to discuss positive risk-taking decisions and to review and update progress plans. The registered manager of the home was exceptionally effective and responsive to people's needs and wishes, which were greatly valued by families, staff and other professionals. People and their relatives were given the opportunity to give their feedback on the service informally and at home meetings, during care at reviews and using surveys. The latter feedback was consistently positive, with many complimentary comments about the support provided.

Working in partnership with others; Continuous learning and improving care

- The registered manager worked effectively in partnership with health care professionals from multidisciplinary teams. Supporting professionals consistently praised the registered manager and staff for coordinating partnership working to achieve good outcomes for people and improve dignity, confidence and independence.
- Records showed multi-disciplinary meetings were held so people involved in support could meet to discuss positive risk-taking decisions and to review and update their changing needs, improvements and progress plans. This included multi agency working to help support people to more independent lives beyond the home.
- The registered manager updated their own knowledge and skills with recognised training in both practical and management skills. Staff told us the registered manager was 'hands on' and supported them with constructive feedback and reflection. This helped motivate them to improve and develop.