

Poppy Cottage Limited

# Poppy Cottage Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Poppy Cottage Limited is a 'supported living' service. The service provides 'personal care' to people living in four 'supported living' settings, so that they can live as independently as possible. 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.

At the time of our inspection 16 people with learning disabilities and autism who used the service received personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism 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.

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

There were sometimes shortfalls in the provider's oversight of risks. The provider had not promptly reviewed fire safety emergency evacuation procedures and some medicine practices to ensure they met people's needs. No harm had come to people, but these processes were not robust enough to always identify shortfalls in the service.

During the inspection and after, immediate action was taken to ensure these reviews took place and action was being taken to improve the monitoring systems. It was too early for us to make a judgement about whether the action taken would be effective in identifying risks to people. We have made a recommendation about quality assurance systems.

The provider's quality monitoring processes, for monitoring other areas of the service and making improvements where needed was working well. In all other ways the service was being well managed.

All staff we spoke with felt supported and valued by the leadership team. Staff appeared highly motivated and shared the provider's vision to achieve person-centred care. The provider worked in partnership with all stakeholders and sought feedback from people and relatives to support continuous learning and development.

Systems were in place to make sure people received their medicines as prescribed, however we found that ordering systems did not always make sure people's medicines stock was not excessive. Systems were followed to reduce the risk of abuse to people. People's specific needs were risk assessed effectively and

staff understood safe measures to reduce the risk of hazards. People's emergency evacuation procedures were reviewed and updated during our inspection to make sure the risk of harm from fire was reduced.

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. People's needs were assessed and delivered in line with current guidance. Staff co-ordinated with each other or agencies to provide consistent, effective, timely care. People benefited from suitably trained staff to meet their needs.

People received care which consistently promoted their privacy, dignity or independence. People and relatives said staff treated them well with comments such as, "They're very caring. They know me like the back of their hands. They always listen to me." We observed staff were caring in their interactions and people appeared relaxed in staff company.

People told us the service supported them to participate in activities to meet their interests. Information contained in people's care plans was personalised and included people's preference and background. All staff we spoke with demonstrated a sound knowledge of people's needs and preferences. People's complaints were dealt with appropriately to improve the quality of care they experienced. The service explored end of life preferences with people.

The service consistently 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 8 June 2018) and there were breaches of two regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Poppy Cottage Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Poppy Cottage 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 Care Act 2014.

#### Inspection team

The inspection visit was completed by one inspector. An Expert by Experience made phone calls to gain people's and relatives' feedback. 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 four '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.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 July 2019 and ended on 24 July 2019. We visited the office location on 18, 19 and 22 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used the information the

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

#### During the inspection

We visited people living at three supported living settings. We gained feedback from six people who received support with personal care, three relatives, four care workers and two team leaders. We visited the office and spoke to the finance manager, area manager, operations manager and the registered manager, who was also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed parts of five people's care records including care plans, risk assessments and medicines administration records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff rotas and policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at people's care plans and quality assurance records. We received feedback from four professionals who were regularly involved with the service.

# Is the service safe?

## Our findings

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

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

This meant people were safe and protected from avoidable harm.

### Using medicines safely

- The service followed a system to check and record people's received medicine stock were correct. The provider was taking action to ensure medicines ordering procedures were suitable and followed by staff and to agree with the pharmacy how to safely manage the excess stock and to avoid medicines waste.
- We observed that some people were supported to keep their medicines securely in appropriate storage in their private rooms according to their assessed needs. One person described how staff enabled them to maintain control of their medicines and said staff provided support in a way that they wanted. Another person told us, "The staff talk to me about my medicine." The operations manager was taking action to ensure appropriate medicines cabinet s were installed in all properties.
- People's medicine administration records (MARs) we reviewed were fully completed and people received their medicines as prescribed.
- Records showed that staff were trained in the safe administration of medicines and had their competency to administer medicines checked by managers.

### Assessing risk, safety monitoring and management

- We checked people's personal emergency evacuation plans (PEEPs) and found the service had a 'stay put' policy. This meant some people who had mobility difficulties relied upon the emergency services to rescue them in the event of a fire. The management team started to review this and sought advice from a reputable source during our inspection. The operations manager followed the guidance they receive and immediately updated the general emergency evacuation procedures and PEEPs, so people's means of escape could be achieved within a reasonable time with support from care workers. This action reduced the risk of harm to people from fire.
- Following our inspection visit the provider took further action and arranged with the landlord for fire risk assessment to be completed for each supported living setting on 5 August 2019. The operations manager sent us a timely action plan to address the fire risk assessment recommendations and achieve additional fire safety measures. For example, evacuation sheets to aid the means of escape for people with mobility difficulties and additional fire resisting doors to improve compartmentation to reduce the spread of fire. The registered manager also liaised with the fire service to arrange a fire inspection visit. We were satisfied these actions promoted people's safety in line with national regulation and guidance.
- The service risk assessed people's specific needs such as diabetes, moving and handling and eating and drinking. We saw that risk assessments were reviewed regularly and in response to people's changing needs. Hazards were identified and safe measures and staff support strategies were clearly recorded.
- The service had a system to report maintenance issues and we saw these were addressed promptly.

- Staff completed and recorded regular checks of the equipment used by people, such as hoists and profiling beds to make sure they were in good working order and safe for people to use.

#### Systems and processes to safeguard people from the risk of abuse

- We asked people and relatives if they felt the service was safe and received comments such as; "I feel 100% safe. Never better before in my life", "Absolutely we think [family member] is safe. They are very vocal so able to tell us if they're not" and "Yes [family member] is safe. There's someone with them all the time."
- Staff received safeguarding training and talked through signs of abuse and reporting procedures if they were concerned. Staff said they would feel confident to report any concerns about staff malpractice to managers through the service whistleblowing procedure.
- The service followed robust financial procedures to reduce the risk of financial abuse for people using the service. We saw an example where the service identified one person was at potential risk of financial abuse. Managers of the service worked proactively with the safeguarding authority and followed a safeguarding protection plan to reduce the risk.

#### Staffing and recruitment

- We checked the staff rota for the month of July 2019 and saw enough staff were planned in accordance with people's agreed care plans to meet their needs.
- People we spoke with told us there were enough staff to support them.
- Staff told us there were enough staff on shift to meet people's needs. Throughout our visit we observed there were enough staff to support people at home and in the community.
- The service used a dependency tool to monitor people's level of need. Records showed this was regularly reviewed; we saw an example where a person's needs changed and the service increased staff support hours, which was agreed by the placing local authority (LA).
- The provider carried out recruitment checks to make sure suitable staff were employed. Disclosure and Barring Service (DBS) checks were on file and employment references were sought to determine whether staff were of good character.

#### Preventing and controlling infection

- We asked people if staff supported them to keep their environments clean and received comments such as, "Yes, very. It's spotless".
- Staff had access to personal protective equipment (PPE) such as gloves and aprons and hand washing facilities.
- The provider had responded to concerns about cleanliness and hygiene identified in a local authority (LA) quality monitoring inspection. The operations manager showed us that equipment such as bins and new mops had been purchased and were used. They had reviewed systems in place to make sure soiled laundry was kept separate to prevent cross-contamination. We observed that people had been supported to keep their homes clean and hygienic with no malodours.

#### Learning lessons when things go wrong

- The service recorded accidents and incidents. Information was detailed and staff followed the system in place and reported incidents to managers immediately.
- Managers of the service reviewed the action taken to identify any patterns or lessons that could be learned to prevent future occurrences. For example, flooring was replaced to be non-slip at one supported living setting following two occurrences of people falling caused by slips.



# Is the service effective?

## Our findings

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

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

- The service gathered as much information as possible about people and completed a detailed needs assessment before a new care package commenced. This included people's choices and assessments from the commissioner and other healthcare professionals.
- We checked the assessment records of a person who starting using the service recently and saw the information was thorough and the person's needs and choices were agreed before they commenced with the service.
- Records confirmed the service assessed people's specific needs around epilepsy, diabetes and eating and drinking. Staff we spoke with demonstrated they understood people's assessed needs and gave a detailed account of a person's medical history and needs in relation to epilepsy.
- Staff were knowledgeable about a person's soft-textured diet and said they provided one to one support to prevent the risk of choking.

Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us staff supported them with their healthcare needs, with comments such as, "If I'm not well, I tell the staff. They help me", "If I need a doctor, I tell the staff and they call immediately but I haven't had anything to worry about" and "Yes, they do. At the moment they are having problems with their weight...it's a combined effort with staff and us."
- People's health conditions and diagnosis were assessed and documented in care plans. The service supported people to make referrals to relevant professionals and services.
- Records confirmed people were supported to access healthcare appointments and outcomes were recorded.

Staff working with other agencies to provide consistent, effective, timely care

- The service co-ordinated with relatives and professionals to support smooth transitions for people. Managers described a thorough transition plan for a new person to the service to help them settle in and records confirmed this.
- People had key workers who were responsible for co-ordinating people's day to day needs. A relative said; "[Key worker] from day one, has spent time getting to know [family member] well - their likes, dislikes and sense of humour etc. They look after him, organises days to do what he likes to do and has been a tremendous help in his transition. Even their exceptional technology skills have come in handy in helping them..." Another relative said, "Yes, [family member] has a keyworker but can't remember her name. I talk to

her a lot."

#### Staff support: induction, training, skills and experience

- The registered manager had reviewed staff training in response to actions identified in a local authority (LA) quality monitoring inspection on 13 May 2019. At the time of our inspection progress had been made; staff received face to face training for safeguarding, the mental capacity act and data protection. Some staff had received training for diabetes awareness and plans were in place for remaining staff to attend. This meant people benefitted from staff who received ongoing training.
- Staff told us the training had improved over the past few months and felt they had the skills required to support people effectively. One staff member said "[The managers] are much better at sorting training now. ...recently we've had moving and handling refresher training for electronic and manual wheelchair transfers." A person using the service said, "I use a [mobility aid]. Yes, the staff know how to use it."
- One relative told us they were concerned about the impact of staff changes and the use of "temporary workers" on the quality and continuity of care provided to their family member. The operations manager said there had been changes to staffing to make sure there was a suitable mix of staff skills in each supported living setting. A new team leader commenced work in May 2019 and the feedback we received from people and staff about this change was consistently positive.
- The service did not use agency staff but did use their own 'bank' of casual staff when there were absences or vacancies to cover. Bank staff received inductions and training to promote continuity of care.
- At the time of our inspection visit a new member of staff was completing their induction. They said they felt supported by managers and other care workers and were shadowing more experienced staff until they were confident. A relative said, "If new staff start, we get told about it. There's odd staff who aren't so skilled, but the other more senior ones bring them up to speed with their unique needs. The new staff aren't left alone."

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

- People told us staff supported them to eat and drink enough, with comments such as, "I have different choices like fruit and snacks. I do my own breakfast and lunch" and "I cook my own food. It's amazing. I shop on a Tuesday and I plan for the week. I'm on a diet so staff support me 100%. I don't have any snacks because I'm on a diet."
- A relative said "[Family member] eats well. We have an input regarding their weight, but it's fresh food. [Family member] is involved in the shopping and goes out shopping as well."
- We saw that individual menus were planned with people and included choice.

#### 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff asked for their permission before supporting them. One person said, "They always ask me what I want, like going to bed."
- Staff we spoke with demonstrated sound understanding of the MCA and said they had recently attended

training and said they were involved with assessing people's mental capacity for decisions about their finances.

- At the time of our inspection no-one who was supported had been referred by the local authority to the Court of Protection.
- We saw MCA assessments and best interest decisions were recorded for people's finances. The service had gained copies of Lasting Power of Attorney (LPA) certificates which authorised the named person to act on the person's behalf for their finances.
- The operations manager told us a best interest meeting was planned with a person and their relatives in August 2019 to review a decision about maintaining a balanced diet.

# 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.

Respecting and promoting people's privacy, dignity and independence

- Staff described to us how they respected people's privacy during personal care; "I shut doors, close blinds, cover people up and turn away. I explain how I am supporting people."
- People and relatives told us staff promoted their independence with comments such as, "[Family member] is being taught to be more independent and is learning new skills along that line" and "It's second to none here. I have been in some nightmare places before. It's amazing I'm independent. I cook, I iron."
- People's care plans documented their abilities and staff support strategies where needed. We saw examples where staff had supported people to learn new skills. For example, one person had recently learnt how to make a cup of tea and could operate a washing machine with staff support and supervision, which staff reported the person was proud of.

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

- One person told us, "I know every part of my care plan. I agree with it all but not the behaviour plan. I don't like it." We raised this with the operations manager who showed us the person was involved and consented to the decision about their behavioural plan at a multi-disciplinary meeting led by their social worker, which was regularly reviewed. The operations manager contacted the social worker during our visit to arrange another review based on the person's feedback. They planned to consider alternatives which focused on motivation. This demonstrated the manager listened to the person's views and took action to involve them in decisions about their care.
- People and relatives told us they were involved in decisions about their care with comments such as; "They always tell me things and ask me things" and "[Staff] have taken time to ring to reassure us and also sent photos of [family member] participating in various activities. This has been very important to us. Yes, we always go to the reviews. The last one was June".
- The operations manager had made a referral to an advocacy service to provide input with a person's financial best interest decision.

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

- We asked people whether staff treated them well and received comments such as; "Yes they're good. I like [team leader]. She's lovely" and "Yes, I like most of them. They're very nice. If they're not nice, I tell [team leader] about it. I did before and they dealt with it instantly."
- "They're very caring. They know me like the back of their hands. They always listen to me. I can shower

anytime I want". She said, "I never get rushed".

- Staff received training in equality and diversity. Staff spoke respectfully of people who had diverse needs and understood their duty to uphold people's rights.
- Throughout our inspection visit we observed people using the service smiling and laughing with staff. It was clear that staff made sure people were at the centre of everything they did to feel empowered. Staff understood the value of chit-chat to build trust and positive relationships with people.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- We found care workers and the leadership team to be knowledgeable about people's care needs and preferences. One relative said, "All the staff at Poppy have been amazing in every aspect of his care, getting to know [name of person] well and helping him to settle into his new environment. The staff go out of their way to welcome him."
- People's care plans reflected their physical, emotional and social needs, personal history and preferences. Protected characteristics under the Equality Act 2010, such as people's religion, sexual orientation were assessed. We saw specific guidance was in place to support one person observe their religion.
- Activities were personalised. The service had recently reviewed people's activities with them and we saw a wide range of internal and external activities were facilitated by the service. One person told us one of their hobbies was to draw and colour portraits and were supported by care staff to attend an art class in the community. Another person commented, "I go swimming on a Friday and I go to church every other Sunday...I get my nails done...I go to (slimming club) on Thursdays and I'm going to go to Gateway (social club) soon."
- A relative told us, "It's all personalised and specific for [family member's] needs...she's happy and her needs are met there...has friends which includes some of the carers, plus the local people know her as she goes out into the community a lot...They go out about three or four times a week."
- We asked people if staff responded to their needs promptly. One person said staff responded to a monitor they used to speak with staff if they needed support. Another person told us staff were prompt to respond to their call bell during the night. One person said they would like to review the system in place at night to alert staff when they needed support. We raised this with the operations manager who assured us they would follow this up with the person immediately.

### 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.

- The manager understood AIS requirements and there was a policy and procedure in place. Care plans included a summary of people's communication needs and support strategies.
- Staff communication training in Makaton (a form of sign language) was planned to meet people needs.

- We saw multiple examples where the service adapted communication to help people access information. Staff used a pictorial social story for one person to help them prepare for fire alarm drills to prevent distress and reported this was successful.

#### Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure which was followed by the registered manager. We received feedback from one relative that they felt their complaints had not improved the quality of care. We checked records and saw the service responded to complainants with investigation findings and agreed outcomes.
- A relative said, "There has been a couple of hiccups along the way, but these issues have been addressed satisfactorily and measures put in place to avoid recurrences." This showed the service listened and acted upon people's concerns to resolve them.
- People told us they knew how to make a complaint and felt comfortable raising concerns; "If I'm not happy I tell my sister or the [team leader]" and "Yes to [team leader] I would. They would support me." We saw people had written their concerns or care workers recorded information when people raised a concern to them.

#### End of life care and support

- The service was not supporting anyone at the end of their life.
- There was an end of life policy and procedure and the service explored people's preferences and choices as part of their initial assessment and reviewed this regularly.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same.

This meant the service management and leadership was inconsistent. Leaders did not always have systems in place to monitor and mitigate risks to people's safety and welfare.

At our last inspection the provider was not aware of the Duty of Candour Regulation and had not completed all the required actions when the threshold had been met. This was a breach of regulation 20 (Duty of Candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to notify CQC of events it was legally required to do so. This was a breach of regulation 18 (Notifications of other incidents) Registration Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 20 or 18.

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

- There were sometimes shortfalls in the provider's oversight of service risks. The provider had not promptly reviewed the service's fire safety emergency evacuation procedures to meet people's needs. However, the leadership team took swift action to mitigate risk during and after our inspection to make sure people were safe.
- Provider audits and checks to monitor the quality and safety of the service did not always identify that reviews of practice were required. For example, in relation to fire safety, excess medicines stock or individual medicine storage so that prompt action could be taken to address practice to meet the needs of the service. As actions were either implemented during or straight after the inspection to address these shortfalls we were unable to judge the effectiveness of these new arrangements during this inspection, which is reflected in the rating of this key question.
- The operations manager had introduced some new audits and checks and showed us further audits they planned to use. These appeared comprehensive and followed national guidance.
- The operations manager acknowledged there was still work to be done, but felt they, other managers and care workers had achieved positive improvements since their appointment to the role in May 2019. Records, systems and staff practice showed there had been progress with actions identified in a local authority (LA) quality monitoring visit, dated May 2019, to improve the quality of care experienced by people.

We recommend the provider seek advice and guidance from a reputable source about quality assurance systems and puts this into action.



- Although the registered manager delegated day-to-day operations to the operations manager, they were up-to-date with knowledge about people using the service. They told us they prioritised on-going recruitment strategies to employ staff with the right values around person-centred care.
- The Duty of Candour (DoC) regulation legally requires the provider to share information with people using the service, their representatives, CQC and the local authority when things have gone wrong. The registered manager understood their duty of candour and we saw an appropriate policy and procedure was in place. We were told that no incidents had met the threshold of the DoC. Incident and accident records we looked at confirmed this.
- The provider notified CQC of events that it was legally required to. This was important so we could monitor people's safety.

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

- The operations manager described team leaders as being great role models and were positive about driving the service forward. They felt the service was caring and active with lots of energy and this is what we observed during our inspection.
- Care workers shared the provider's vision for the service. All staff we spoke with appeared committed to their roles and were motivated to do their best for people.
- We were made aware of examples where staff had gone the extra-mile. For example, a relative commented; "One staff member turned up to one of [family member's] horse-riding lessons, in their own time...[The person] was delighted to see them."
- We asked people if they felt the service was well managed, one person said; "Extremely. It's the best in the world." The person said they were very happy and the atmosphere was "Second to none."
- One relative commented they were determined for their family member to be supported by the provide because; "We were very impressed with the way it was run, on the caring, safety and social side as well as the homely and well-kept dwellings."
- The provider invested in staff and had succession planning in place. A team leader told us the provider was supporting them to achieve a higher level health and social care qualification.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had systems in place to gain feedback from people, relatives and staff. Regular team meetings were held and staff told us they felt involved and well informed about the development of the service.
- Relatives told us the service sought their feedback; "Yes we have a paper version [survey] for feedback and phone calls as well." Annual surveys about the quality of the service were sent to relatives. Four had been returned in May 2019 and showed relatives were generally satisfied about the service provided. In one case, a relative had expressed dissatisfaction and the operations manager said a meeting was planned with them to discuss this further.
- The operations manager had written to all relatives when they were appointed to their role to introduce themselves and hosted a coffee morning to meet and greet and answer any questions. We saw feedback from a relative which said, "It was good to have a parent's meeting."
- People had not received surveys recently, but we saw these had been developed and were being finalised in easy read formats to support people understand information to encourage engagement. People received regular one to one keyworker meetings which were recorded and focused on the goals they would like to achieve and progress made.
- The service worked in partnership with health and social care professionals to meet people's specific needs and reached out to the community to create links for people to widen their circle of support and opportunities. For example, the people and staff were involved with charity events and staff were building links with a local church to explore work experience in a community café to develop a person's skills and

social opportunities.