

# New Directions (St. Leonards On Sea) Limited

## Bishops Way

### Inspection report

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Date of inspection visit:  
04 December 2019

Date of publication:  
17 January 2020

### 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

Bishops Way is a residential care home that provides accommodation and personal care support for up to four adults with learning disabilities. The service specialises in providing support to people with Prader Willi Syndrome (PWS). Prader Willi Syndrome is a rare genetic condition that causes a range of physical symptoms, learning difficulties and behavioural problems. People with PWS have an excessive appetite which can easily lead to dangerous weight gain.

Bishops Way is a semi-detached house located in a residential area of Saint Leonards. The service was over two floors. People had their own bedrooms and bathrooms and shared the communal areas and garden. At the time of our inspection three people were living at the service.

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 outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

### People's experience of using this service

There were high levels of satisfaction amongst people who used the service. Everyone we spoke with said they would recommend the service to others. People repeatedly told us that staff had made a difference in their lives and ensured people were happy and safe. A relative described the management of the service as 'excellent' and staff as 'fantastic and quite wonderful'.

Care was personalised to meet people's care, social and well-being needs. Care plans provided detailed information and guidance for staff. Staff knew people well and provided support in line with people's preferences. People's diverse needs were catered for and they were treated with dignity and respect. People were supported with community connections through activities and social events.

People were treated with dignity and compassion by a kind, caring staff and management team who understood people's individual needs, choices and preferences well. People told us that staff had a good understanding of Prader Willi Syndrome and how this impacted on their lives and they felt supported and valued. One person said of a staff member "He understands me and is just a very pleasant person and lovely to talk to". A relative told us people were treated with fantastic respect, dignity and care.

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. Staff completed a range of training and had the skills and knowledge to deliver effective care and support

The culture of the service was positive, and people and staff were complimentary of the management and provider. Systems and processes were in place to monitor the quality of the service being delivered. Staff told us it was a good place to work and the enthusiasm from the team impacted positively on the people using the service. One said, "It's a good service, I would recommend it to other people. It's a real home, it's a family", a relative said " [name] genuinely sees this service as their home – no better recommendation".

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

The last rating for this service was Good (published 6 April 2017).

#### 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?

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.

# Bishops Way

## 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 was carried out by one inspector.

#### Service and service type

Bishops Way is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from relatives, the local authority and professionals who work 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 spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, senior care workers and care workers. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the

management of the service, including policies and procedures were reviewed.

# 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

- People were protected from abuse. Staff had completed safeguarding training and knew what action to take if they suspected abuse had occurred. One person living at the service said "I think I live in a safe place. If I had any concerns I would tell the staff or go higher. Another said, "Staff have been trained to know what to do, if they didn't, I know who to tell, and that could be the police".
- Systems and processes were in place to protect people from the risk of harm. Staff were aware of safeguarding procedures and how to report a concern. One member of staff said "The procedure is clearly set out. If I had any concerns I wouldn't hesitate to tell my line manager or someone higher if needed"
- People told us that they felt safe. One said "All the staff keep us safe. Staff know it is a Prader Willi home and they know just how to keep us all safe".

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. People were supported by a flexible approach to risk management which enabled them to take positive risks. For example, for one person, participating in community activities meant the behaviour of others could cause increase in their anxiety. In these situations, the person preferred to work through their feelings alone. The importance of enabling the person to have space was recognised and guidance was in place as to when and how to raise a concern if they had not returned within a set time frame. This had a positive impact on reducing the person's negative behaviour and anxieties.
- Risk assessments had clear guidelines on how risks could be reduced. For example, one person told us "I have rods in my back, if I fall it could be very dangerous for me". The risk of falling for this person had been identified and measures were in place to mitigate this by ensuring their environment was free from obstacles and trip hazards. The person was reassured by the actions of staff and said, "Staff know about this and about keeping me safe".
- Effective behaviour support plans were in place. These plans provided a person-centered approach to supporting people with behaviours that may become challenging or had the potential to put themselves or others at risk. These were reviewed regularly and when people's needs changed. This ensured people were kept safe as staff had access to accurate information.

Staffing and recruitment

- There were safe systems and processes in place for the recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- There were enough staff to meet people's needs consistently and keep them safe. People had a combination of individual 1-1 support hours and shared hours including night time support. There was a

core team of staff who knew people well.

- People told us there was enough staff to support them in the service and with activities they wanted to undertake. Staff worked flexibly, one said "The staff levels are very good, and we have enough time to spend quality time with people". People talked about the vast range of activities they participated in and told us there was always plenty of staff one said, "There are a lot of staff, you don't need to worry about that CQC, and they are very good too."

#### Using medicines safely

- People received their medicines safely. Medicines were stored in locked cabinets in people's bedrooms. Staff had received training in administration of medicines and only those staff who were assessed as competent were able to administer these. People told us they received their medicine safely and on time. One said, "I don't have to worry about it, the staff make sure I get my medicines, they are kept in my room".
- People's independence to self-administer their medicines was assessed and encouraged. One person was self-applying prescribed creams and ointments. The person said this enabled them to be more independent and respected their wish for more privacy.
- Systems and processes were in place to ensure the safe storage, administration and disposal of medicines. There was a clear and safe process for administering 'as and when required medicines' (PRN).
- People's medicine records (MAR) were audited regularly by the registered manager and local pharmacy. This ensured that appropriate action was taken to safeguard people and implement measures to mitigate potential risks.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff received training in infection control. Risk assessments and audits of safety and cleanliness of the environment were undertaken by staff who were trained to do so.
- All areas of the home were seen to be clean and tidy and smelt fresh. Staff demonstrated a clear understanding of how to protect people by the prevention and control of infection. We observed that staff were using personal protective equipment including plastic aprons and gloves when necessary.
- Food hygiene training was provided to staff who were preparing food. We observed good food hygiene standards during meal preparation. This ensured the risk of contamination from food was mitigated.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. People's care experiences were improved through shared learning across the organisation.
- Action was taken following accidents or incidents to help keep people safe. The registered manager monitored all accidents and incidents; This ensured robust and prompt action was taken and lessons were learnt. One person told us they had cut their leg in the shower and to ensure this did not happen again a new shower cubical had been fitted which they said was "Really nice and much safer than the old one".
- The registered manager worked collaboratively with people, relatives and staff to continuously improve safety for people. This ensured issues were addressed promptly, and any changes made cascaded to the staff team to implement in a timely way.

# 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.

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

- People's needs were met by a holistic approach to assessing, planning and delivering care and support. People had comprehensive assessments prior to receiving a service to ensure their needs could be met.
- Assessments were clear and gave details of people's preferred routines. People's protected characteristics under the Equality Act were identified and recorded. For example, for each person, the individual impact of PWS for them was detailed in their care records and considerations and adaptations required were clearly identified.
- Care and support plans were created which were bespoke and person-centred. Support plans gave staff the information they required to effectively care for people in accordance with their wishes. People's wishes were routinely sought, and support plans updated to reflect any changes.
- People were fully involved in the planning and review of their care. One person said "My keyworker helps me review my care plan every month. It's important for me to have female only staff and that's in my plan, and that's what I get". This demonstrates how people are empowered to make choices about their care and receive a truly centred care experience.

Staff support: induction, training, skills and experience

- People received care and support from a staff team who were well trained and supported. Staff had the knowledge and skills to meet people's needs.
- People were supported by staff who had received up to date training to make sure they were practicing in accordance with current best practice guidelines. Staff had access to regular refresher training as well as bespoke training to meet people's specific needs. One member of staff told us they had gained invaluable knowledge about PWS, "It's such a complex condition and through learning about it I have been able to support people to live full lives without making Prader Willi a barrier".
- New staff received an induction in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides staff new to care with the expected level of knowledge to be able to do their job well. Staff told us that they had received a good induction, which included detailed information from people living at the service about how they wanted to be supported.
- Staff received regular supervision. Staff told us that their supervision was constructive, it provided opportunities for feedback on their performance and areas for development. They said their own-wellbeing was a standard supervision topic and they felt supported and valued because of this.

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

- People's nutritional needs were met through a healthy and balanced diet. The service provides support to people who have PWS. People with PWS have an excessive appetite and overeating can lead to dangerous

weight gain (NHS.UK). To reduce the risk of obesity people with PWS require structured support and management in relation to nutrition, fluids and consumable items. People's individual needs and preferences were known and assessed. People were supported by staff who were skilled at providing nutritional support and guidance to people with PWS.

- People were aware of the support they required to eat a healthy diet and control their weight. People had developed individual eating plans with the support of staff to ensure they consumed a target number of daily calories. Eating plans were individual, detailed and specific, for example we saw that each teaspoon of spice added to the food had been given a calorific value. This bespoke support had enabled each person to reduce their weight whilst maintaining a healthy nutritional intake.
- People told us that they were able to eat out and knew the healthy choices available to them. One person said, "it's about portion control and when I go to the café I don't have scones anymore, I have a brown roll with tuna and salad". Another person told us that on a Friday they have a "fake-away", this is when they make healthy alternatives to their favourite take-away. People told us they received good support from staff with their dietary needs and staff had a good understanding of PWS.

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

- People were supported to attend regular appointments with GP's and dentists. Records confirmed people had access to other health and social care professionals when necessary. People received an annual health check which is best practice for people with a learning disability and or autism.
- Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals. One person was currently receiving support from a specialist health consultant after concerns about their health and wellbeing were swiftly acted upon by staff. This enabled the person to gain medical intervention in a timely manner.
- People's oral health needs were assessed and included in their support plans. People were supported to maintain good oral health and had access to dental products and equipment as well as regular dental check-ups. Staff received training in oral health and followed NICE recommendations for maintaining good oral health care for adults in care homes.
- There were clear systems in place to maintain continuity of care. Each person had a hospital passport. This helped to ensure other professionals would have the information they required if the person was admitted to hospital.

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

- The service was a domestic style property. People living there did not require any additional equipment to support them. People had their own bed rooms and bathroom and shared communal areas such as the lounge, dining room, kitchen and garden room.
- The service was well maintained. People's rooms were personalised and included photographs, pictures and ornaments. People were able to use all areas of the service which were comfortably furnished.
- The service was in a residential street in the heart of the town. People told us they had good access to transport and were able to walk to nearby community facilities and shops.
- One person told us how everyone had been involved in the decoration of the lounge. They told us they had all chosen the colours and furnishings and the brightly coloured abstract print above the fire place. The person told us that a visitor had suggested putting a large mirror there instead, she replied "Tough luck, we love it, its staying". This is a demonstration of how people's needs, and wishes had been incorporated into the services design.

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.

- People's legal rights were protected because staff had received training in the MCA and knew when to apply it to their day to day work. Support plans gave evidence of how decisions had been made in people's best interests. Staff spoke of the need for presuming people had the capacity to make decisions and to ensure people were supported in the least restrictive way.
- People's care records and assessments included information about their capacity to make decisions and any best interests decisions made involved the appropriate people. There was a lock on the kitchen door. People told us that this was there to support them with restricting access to food. Every person we spoke to said they understood why the lock was on the door and its presence reduced their anxiety about gaining access to food sources. Appropriate DoLS were in place to support this restrictive practice.
- People had been assessed as lacking capacity to make decisions about aspects of their care. DoLS had been made appropriately and regularly reviewed. One person had a condition associated with their authorised DoLS which had been met.

# 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 supported by a consistent team of staff who knew them well. Staff were compassionate and caring and shared a passion for ensuring people were happy and content with their lives. There were positive relationships between people and staff; interactions were warm, friendly and pleasant.
- One person said, "I think the staff do a wonderful job, they are very helpful, and they care about us". Another person said, "They are special, and they do special things with us like taking me out to see the Spice Girls and a Michael Jackson tribute".
- People were treated equally and their diverse needs were respected. One person told us that they were looking forward to voting in the forthcoming election. The person was able to display literature from their preferred political party in their bedroom window and on their bedroom door. They told us "It's important to know who you are voting for". The person had recently moved to the service and staff had ensured they were legally registered to vote from their new address because they knew this was important to them.

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

- People were supported to be involved in all aspects of their care.
- Staff respected people's individuality and supported each person in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices. One person told us "I enjoy going to the pub to play pool and have a pint of beer". They told us this was very important to them and they were supported to ensure this happened each week. The person was well known to local people in the pub and had formed some positive community connections.
- People were central to discussions about how they wanted to receive their care and support. There was an emphasis in supporting people to achieve their full potential through positive planning and listening to what people told them. Throughout the inspection we observed people making decisions about their care and support. Care records reflected people's abilities and what they were able to do for themselves, for example taking a shower. A person told us they went to the shop to buy the newspaper each day. This ensured people's independence was maintained.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's dignity was respected. People were supported to have choice and control over their lives.
- Staff worked with people to promote their independence. Care records showed what aspects of daily living people could manage and how they were encouraged to contribute to day to day household tasks.

One person told us "I help around the house, I do some cleaning and my washing, and I go shopping to buy fruit". This gave people a sense of purpose and responsibility.

- Throughout the inspection we observed staff knocking on doors and asking permission before entering people's rooms. A person said, "Staff always knock before they come into my room, they won't disturb me unless it is an emergency". We observed staff were very discreet when asking people if they needed assistance. One person said, "I have my medication in private, they don't let anyone in my bedroom, only staff". Throughout the inspection staff were very respectful of the service being people's home rather than a place of work.

# 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

- Staff worked in partnership with people to create their care and support plans. These were comprehensive and reflected the values and principles of Registering the Right Support. Records reflected people's diverse needs and people's independence and inclusion within the local community was promoted
- People were supported by staff who knew them well. Staff worked with people to find ways to provide support to meet their unique support needs. For one person, a strategy had been developed that enabled them to manage their own anxieties. The person showed us this technique and said that it really helped them to calm when they were feeling worried.
- Staff had an excellent understanding of people's needs; they used this to support people to achieve their goals and realise their wishes. This included accessing social activities, areas of interest, holidays, sports and education. One person told us they had recently seen a London show, another said they liked Marvel Heroes and wrestling, "I went to the O2 in London to see the Marvel Heroes show, it was amazing, and I had the best time".
- People were supported to keep relationships with family and friends. For example, one person who has family in New Zealand was supported to stay in touch with them by email and whilst using social media.
- People told us about their recent holidays and how they had been able to choose to go with friends who did not live at Bishops Way. One person told us how she and her friends had all enjoyed time in the Spa at a holiday village, saying "It was very relaxing and enjoyable in the hot sauna, it's good that I can choose my friends and staff".
- One person was supported to attend a regular faith services in the village that their family came from. They told us they regularly went to mass with a long-term family friend. Staff told us that the connection to village life was very important to the person and they supported them to attend events such as harvest festival and coffee mornings in local villages. They often went for walks around the village and along the sea which was another favourite place for them. Participating in community activities enabled the person time to reflect and talk about memories as well as spending quality time doing something they enjoyed.

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 provider complied with the Accessible Information Standard by identifying, recording, flagging,

sharing and meeting the information and communication needs of people with a disability or sensory loss.

- People told us their communication needs were met. We observed information being provided in easy read formats and photographs. Staff understood the individual communication needs of people. For example, we observed staff giving one person time to process information and the opportunity to join in conversations by prompting turn taking. This ensured people were able to make their needs and wishes known.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they wanted to. Information was available to help people understand the complaints procedure. One person told us that at the end of each residents meeting they discussed keeping safe and staff went through the complaints process with them.
- Complaints were recorded and responded to in line with the organisations policies and procedures. One person told us they had made a complaint about the facilities in their bathroom. This was resolved, and the equipment was replaced, stating "They listened to me and replaced it all".

End of life care and support

- End of life plans were in place. People were encouraged to think about what they would like to happen at this stage of their lives. Each person's plan included who had been involved in creating the plan, their funeral wishes including music and type of service and wishes about personal belongings.
- There was no one receiving end of life care during the inspection. The provider used NICE guidance 'Thinking ahead for my advanced care planning' and ensured resources such as easy read documents and access to specialist health professionals were available to people nearing end of life.

# 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 has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection this key question was rated requires improvement. This is because there was no manager registered with CQC. At this inspection the manager had been registered with CQC since 23 November 2017.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service focused on providing the support and care people required to meet their individual needs and to promote their independence and choices as to how they lived their lives. One person who had recently moved to the service said, "It's good living here, living in a smaller group is better for me, I feel happier and the menu is good".
- People were at the centre of everything the service did; the registered manager ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes. A person said, "The manager is respectful, and she helps us achieve things we want to do".
- People had opportunities to be involved in and influence the running of the service. 'Your voice' meetings were held regularly, one person said, "We discuss safety, things we are concerned about, what is important to us and works well and what's isn't". Another person told us the menu had been changed following a discussion at a 'Your Voice' meeting. This is a demonstration of how people's feedback is used to improve their care experiences.
- Staff were fully aware of their responsibility to provide a high quality, person centred service. One staff said "I am very happy with the way the service is run. There is a nice team that it works well for the people". Another told us good leadership was required to support people well and give them the best life and said "There is good management support all of the time. The management team are fantastic, and the seniors are very knowledgeable".

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 promoted transparency and honesty. We received positive feedback regarding the management of the service and people said the management team were very trust worthy. A person told us "The manager is very approachable and honest" another said, "You can trust all the managers, they do a good job".
- The registered manager had an open-door policy. Staff confirmed they always felt able to speak to any of the management team. We observed a pleasant and friendly atmosphere among people, the staff and

managers.

- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission. When things had gone wrong the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt.

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

- The registered manager provided strong leadership and staff understood their roles and responsibilities.
- Staff performance was observed to check policies and procedures were being followed. Staff had one to one 'supervision' and had opportunities to discuss their learning and development needs. One member of staff said, "People who live here are able to express their emotions, flourish and seek out all the things they want to achieve in their lives and it's the same for staff. We can follow out career paths. It's a very happy place and I am happy to work here".
- Staff told us that the registered manager was supportive both personally and professionally. Staff told us that they received recognition for good work. During the inspection the staff team received an award in the post from head office. The award recognised good health and safety practices and included a voucher for the service to spend on something of their choosing. Staff said that this made them feel valued.
- There was a robust governance framework in place and processes to drive quality. The registered manager and provider had oversight and knowledge of the day to day management of the service.
- Quality assurance checks were undertaken regularly by the provider's quality lead and registered manager. These included checks on people's medicines, care plans, finances and monitoring the care being delivered. Any issues identified were cascaded to the team and action was taken to address these.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked in partnership with other professionals and community groups. They attended provider forums and registered manager network groups.
- People were supported to attend PWS conferences. The registered manager was a member of the PWS association and attended regular forums. They used information gained to drive service improvement and improve staff knowledge of PWS.
- The service worked in partnership with other agencies. These included healthcare services as well as local community resources. Records showed that staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs.
- Feedback and ideas were regularly sought from the people who used the service. People had the opportunity to complete surveys and participate in meetings. The information from this feedback was used to drive improvement within the service and the wider organisation.
- There was a positive workplace culture at the service. Regular staff meetings took place. Staff told us that they felt valued and listened to by the management team and they were encouraged to share ideas.
- The service was active in the local community and participated in events such as dragon boat racing and local walks. This promoted community connections and enabled people to actively participate in community activities.