

Enham Trust

Enham Trust - Care Home Services (Michael/Elizabeth & William Houses

Inspection report

Macallum Road
Enham Alamein
Andover
Hampshire
SP11 6JR

Tel: 01264345827
Website: www.enham.org.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Enham Trust - Care Home Services (Michael/Elizabeth & William Houses) is a residential care home providing care for up to 60 people who may be living with a learning and/or physical disabilities.

The service was a campus setting. Campuses are group homes clustered together on the same site and usually sharing 24-hour staff. At the time of the inspection, 16 people were living in Michael House, 15 people were living in William House and 8 people were living in Elizabeth House. People's experience of using this service and what we found.

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

Campus settings for people with learning disabilities and/or autism are not in line with current best practice. The provider was reviewing their service model in accordance with the principles of 'Right support, right care, right culture' and with input from commissioners, people and their relatives.

Despite the service's size we found people were supported in a way that was person-centred, and promoted choice, inclusion, control and independence.

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

Right support:

- The model of care provided people with the appropriate opportunities to maximise their choices.

Right care:

- Care was provided in a person-centred manner and people told us they felt supported.

Right culture:

- The leadership in the service created a culture of inclusion which empowered people's lives.

Significant improvement had been made in respect of the premises, the care people received and the leadership within the organisation since the last inspection. People were supported to make choices about their future, including where they lived and who they were supported by.

Staff had received regular training in safeguarding and were aware of their safeguarding responsibilities.

People told us staff responded to requests for support. Medicines were stored and administered safely, and people raised no concerns about their medicines. Staff had good knowledge of how to respond to accidents and incidents.

People's needs were assessed when they moved into the service. People were happy about the support they received. Staff had received training that was relevant to their role. People's nutritional and hydration needs were being met and they were offered a varied choice of foods.

Staff had good knowledge of people's communication needs. The service offered activities daily to people in communal areas or in their own rooms. People were supported to maintain relationships with their loved ones. People's wishes for end-of-life care were identified by the service.

Staff had good knowledge of people's needs. We observed staff speaking to people in a caring and empathic way. Relatives felt staff cared about their loved ones. People were actively engaged in developing the care they received. Quality assurance systems were in place which were effective in driving improvement.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was rated inadequate (published 28 June 2022)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

At our last inspection we rated this key question inadequate.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

At our last inspection we rated this key question requires improvement.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

At our last inspection we rated this key question requires improvement.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

At our last inspection we rated this key question requires improvement.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

At our last inspection we rated this key question inadequate.

Enham Trust - Care Home Services (Michael/Elizabeth & William Houses)

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 3 inspectors, an inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Enham Trust - Care Home Services (Michael/Elizabeth & William Houses is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Enham Trust - Care Home Services (Michael/Elizabeth & William House is a care home where CQC regulates both the premises and the care provided, and both were looked at during this inspection. The provider told us Michael and William House will remain as a care home and Elizabeth House will transition into a supported living service.

Registered Manager

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

quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed the providers action plan and information we held about the service. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 11 relatives about their experience of the care provided. We spoke to 11 members of staff including the registered manager, 3 house managers, the activities coordinator, the nominated individual and the maintenance team. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including people's care and support documents and staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service. After the inspection we obtained feedback from 4 additional relatives.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines

At our last inspection the provider had failed to support people to safely manage their medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Following our last inspection, the provider had introduced an electronic medicine administration system. People had their medicines available to them and records showed they had received their medicines as prescribed.
- Staff had been trained in safe medicines management. Records demonstrated improvements in relation to various training subjects including stop over medication of people with a learning disability, autism or both (STOMP) and autism awareness.
- Medicines were ordered, stored, administered and disposed of safely. Some people had medicines prescribed to be taken 'when required' (PRN). Their PRN protocols had been reviewed and contain enough detail to ensure staff would know when and how to administer these medicines safely.
- People's medicines were reviewed regularly by health care professionals to ensure they remained appropriate and to monitor the effects of medicines on their health and wellbeing. People were supported by staff to make their own decisions about medicines wherever possible.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the premises was fit for purpose. This was a breach of regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- During our last inspection we identified significant concerns regarding the maintenance of the premises. At this inspection we found all concerns were addressed and repairs were made. Communal hallways had been redecorated, leaks had been fixed, boilers had been replaced, heating systems were operating correctly and lifts in the houses were working and properly maintained. A variety of health and safety inspections had been carried out since our last inspection and any actions identified were promptly dealt with.
- The provider had a robust maintenance plan which was effectively monitored with essential work being prioritised. A relative said, "It is unbelievable the change with maintenance. There are people here now

working on things and if you go to the other house, you will see there are fire safety workers doing their bit." Another relative said, "The maintenance guys [Staff] go above and beyond. Since Aster have come in, it's a completely different ball game. They have been excellent so far."

- Risks to people were clearly assessed and appropriate plans were in place to reduce these risks. Plans were developed based on individual needs and provided a good level of guidance for staff. They covered a variety of areas such as choking, continence care, malnutrition, falls, personal care, mental health and physical wellbeing.
- Staff had good knowledge of the people they supported. They were aware of risks associated with their care, how to monitor for these and the action to take to reduce these risks, meaning that the risk to people was minimised.
- There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as a fire or a loss of water. There were also personal emergency evacuation plans (PEEPs) in place which recorded the support each person would need to evacuate the premises in an emergency.

Preventing and controlling infection

At our last inspection we found ineffective arrangements in place in relation to the prevention and the controlling of infection. This was a breach of regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Staffing and recruitment

- At our last inspection we could not be assured the provider had sufficient numbers of suitably qualified, skilled and experienced staff deployed at all times. At this inspection we had no concerns about staff deployment and found staff had had the required skills and qualifications to meet people's needs safely.
- In all three houses we observed staff interacting with people positively at various times of the day. People told us their needs were met and said staff responded in reasonable time.
- Comments from people, relatives and staff included, "Enham do have to use agency but they are regular and they [agency staff] know people well", "You can see the change in staffing levels and you can see there is more going on activity-wise", "Staff are able to take people out now and help people with their activities and their hobbies" and "We have enough staff to make sure people's needs are met and any one to one hours are covered."
- Staff files contained all of the pre-employment information required. Application forms had been completed and recorded the applicant's employment history, references were obtained and any relevant training. Was recorded on file. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. All staff were subject to a DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment

decisions.

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

- People were protected from the risk of abuse because staff knew them well and understood how to protect them. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to ensure people's choices were listened to and respected. This was a breach of regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11

- People's capacity to make decisions was appropriately assessed and, where applicable, a best interest decision was made and clearly recorded. Staff recorded assessments for a range of day-to-day decisions and any decisions that had been made in people's best interest.
- Relatives were positive about the way their family members were supported when key decisions needed to be made. Records showed when relatives, advocates and other health and social care professionals were consulted. People were also supported through this decision-making process by staff who knew people well.
- Systems were in place to seek and manage authorised DoLS applications, so people's rights would be promoted.
- People were supported to make decisions about the accommodation they lived in and the support they received. One person they told us they were in the process of moving back to their house and said, "We had meetings about it and I am happy." A relative said, "[Person] is moving out and the team [Staff] have been brilliant in the way they have helped [person]. They have gone above and beyond."

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

- As reported on in the safe domain, the provider had taken significant steps forward in developing the layout, the decoration and design of all 3 houses. See details in the safe section of the report.
- Since our previous visit, the provider had reviewed their decision to move all 3 houses from a care home to a supported living service. Instead, the provider made the decision to create 1 supported living service with the other 2 houses remain as a care homes.
- The provider told us people had the opportunity to move into the support living service, but they were not being pressured. The registered manager said, "The supported living service is there and if people want to move then we will assess their needs with their family and see if it's right for them. If it's not right and not able to meet their needs, then it won't happen" and "People can now relax and feel safe and secure in their own home".

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

- Assessments of people's needs were completed before people moved to the home. These identified people's needs and the choices they had made about the care and support they wished to receive.
- Staff delivered care and support in line with best practice guidelines; for example, they used nationally recognised tools for assessing the risk of skin breakdown and malnutrition. Positive behavioural support plans were in place, including sensory perception assessments to support people to identify what sensations they make seek or avoid.

Staff support, induction, training, skills and experience

- Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- There was an on-going programme of development to make sure that all staff were up to date with required training subjects. Examples of these included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. More specific subject areas of training had been provided to staff. For example, learning disability and autism awareness.
- Staff received appropriate support and supervision. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff received regular one to one supervision and on-going support from their manager.
- Competency assessments had been carried out in relation to moving and handling, personal care, medicines administration and infection control.

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

- People were protected from risks of poor nutrition, dehydration and swallowing difficulties. Where people required their food to be prepared differently, because of medical need or difficulty with swallowing, this was catered for.
- People's nutritional status was monitored, and action taken where a person was losing weight.
- Staff were knowledgeable about people's differing dietary requirements and people's care plans highlighted people's food preferences.
- Some people and relatives told us they felt the quality of food provided could be improved. We fed this back the provider who told us they were aware of the concerns. We were satisfied with the provider's response to improving this area of concern.

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

- Regular meetings took place to discuss care, including daily meetings where new information was shared, and staff have the opportunity to raise any issues or concerns.
- Where people required support from external healthcare professionals this was organised, and staff followed guidance provided.
- Records confirmed people accessed their GPs, the district nurses and other professionals as required. Plans were available for when people required admission to hospital.
- There was clear evidence in people's care records of liaison with healthcare professionals, including speech and language therapy (SALT), GP, mental health services, chiropody, dentist and opticians.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was evidence that people's preferences and choices regarding some of these characteristics had been explored with people and had been documented in their care plans.
- Staff engaged positively with people, treated them with kindness, compassion and empathy. One person said, "I love my support worker, I have a lot of fun with them listening to music and dancing." A relative said, "Staff are getting to know people a lot better now and you can see the interaction is respectful and encouraging."

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

- During our previous inspection the provider failed to comply with the principles of Right support, right care and right culture. The model of care failed to provide people with the appropriate opportunities to maximise their choices. Care was not always provided in a person-centred manner and people told us they felt isolated. The leadership in the service failed to create a culture of inclusion which empowered people's lives.

At this inspection significant improvements had been made and the provider had complied with the principles of Right support, right care and right culture.

- Staff supported people to make decisions about their care, how they wanted to spend their time, where they wanted to live and who they wanted to be supported by.
- Staff understood people's communication needs and information was provided in a format that people needed to help them understand information. People said they felt listened to and confident to talk to any staff about any concerns they might have.
- People and relatives were encouraged to engage in their care planning reviews and opportunities for providing feedback were available through the family and friends group meetings, surveys, informal meetings and care reviews. A relative said, "Sometime I will email management with queries, and I get an immediate response".

Respecting and promoting people's privacy, dignity and independence

- Staff were observed to engage positively with people and visitors. They demonstrated good knowledge of people, their likes and dislikes, hobbies and interests. We observed staff knocking on people's doors and asking for permission to enter their rooms/flats. A member of staff said, "We must respect people's dignity. When helping with personal care I always ask for permission, and I chat with them at each stage and talk to

them [people] about what is going to happen next." One person told us they were pleased Aster had merged with Enham as this had prompted an increase in their independence, engagement with activities and an improvement in their mental health. They said, "I am more independent now and I enjoy everything Enham has to offer."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure people were provided with sufficient care and support to engage in activities. At this inspection we found improvements had been made.

- People were supported to maintain relationships with their loved ones. One person told said, "Things were hard during covid, but everything has changed, there's so much more to do now and I am happy. It has also got much better since the new company has come in." A relative said, "The last CQC report helped a lot but since Aster have come in activities are way better."
- The service offered activities to people in communal areas or their own rooms. Noticeboards were in each of the three houses and showed which activities were available for people to access. We visited one of the activity areas and observed people enjoying a variety of activities such as plant making and exercises.
- The activities coordinator informed us people were encouraged to decide what activities the service should offer. Some of the activities available to people included, keep fit, yoga, dance fit, meditation and relaxation, choir, boccia and boxing .

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 ensured people had access to information in formats they could understand. There were visual structures, including objects, photographs, use of gestures, symbols and other visual cues which helped people know what was likely to happen during the day and who would be supporting them.
- People had individual communication plans and passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, and they knew how to facilitate communication and when people were trying to tell them something.
- Staff worked closely with health and social care professionals and ensured people were assessed to see if they would benefit from the use of non-verbal communication aids. There was individualised support such as tailored visual schedules to support people's understanding.
- Staff were trained and skilled in using personalised communication systems. A member of staff said, "We use picture cards, look out for responses in their body language or speak clearly and loudly." We observed one member of staff using a form of sign language to communicate with one person. We saw this worked

effectively and the person was engaged, smiling and responding positively.

Improving care quality in response to complaints or concerns

- The provider had a system for managing and responding to concerns and complaints. Any complaints made were appropriately investigated and dealt with.
- Staff had good knowledge of how they would respond to concerns or complaints from people.
- Relatives told us significant improvements had been made in relation to all aspects of care delivery. One relative said, "There are bits and pieces they need to continue improving but I am really pleased with how everything is going at the moment." Another relative said, "I don't have any complaint. I speak with the management and it gets sorted so I don't need to complain, it's just good communication now."

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

- Support plans were in place and provided useful information for staff to support people effectively and to respond to their needs.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- Staff involved people and their relatives where appropriate in their support. They gathered information from a variety of sources to ensure the care plans implemented were based on the individual's needs and preferences.

End of life care and support

- People's wishes for end of life care and support were identified and recorded by the service.
- The registered manager told us that they would work with health professionals to discuss people's future care needs and how best to support them.

Is the service well-led?

Our findings

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good.

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.

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

At our last inspection the provider had failed to ensure governance systems were effective at driving improvement. This was a breach of regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Significant improvements had been made in respect of oversight, good governance and leadership.
- The management team had strong oversight of the service. When we asked questions about the service they replied promptly with in-depth responses. This demonstrated a thorough knowledge and understanding of the services. The provider and the management team led by example. They showed they had a strong commitment in continuing to review their systems and processes, based on best practice and to continually improve.
- Robust governance systems were in place to monitor the quality of care provided within the service. This included audits of the quality and safety of the service. Where audits identified shortfalls, action plans were developed and regularly reviewed by senior management. All concerns we previously identified during our last inspection had either been resolved or were being dealt with and closely monitored.
- A member of staff said, "Our overall governance has improved and so has the direction. [Director], honestly, she has been absolutely brilliant, pulling the team together and giving direction."
- Relatives and people were extremely complimentary about leadership within the organisation. Comments included, "The Director of Care, is proactive, efficient, communicative and very empathetic and caring and listens to each and every concern I have raised with her", "The senior management are now amazing, such a culture change. Changes are happening, it's so much better, so much more hopeful, they listen to us now", "The whole philosophy and approach has changed, in a good way. [Director] is excellent, she's not good, she's excellent, she has core knowledge, she's put in a new medication system, there's a focus on staff and training."
- Other comments included, "I can go away and I'm not worried, it's all to do with the culture of this organisation and it's all from the top. I think [registered manager] has had a huge amount of support, he cares about the residents, his staff and I think he will be successful with the right support. I hope he [registered manager] stays. I think this man can be hugely successful, he's a good man and he cares. It's way safer." "The current manager [registered manager] was in the shadow of the previous one but he's coming into his own." and "He's [registered manager] has worked exceptionally hard and put his heart and soul into

it. He's really good at putting [people] first. They all want to work for him he's very respected across that team."

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

- Staff valued people's individualism and focused on ensuring people received care that met their needs. We saw many examples of how people had been involved in decisions about their day to day care and the running of the service. This ensured people received individualised care despite the size of the service. The provider was aware that the size of the service required additional systems to ensure individualised care. This included increased networking with the local community to promote opportunities for people to engage in society in a more meaningful way. The family and friends' group were highly cooperative in expressing their views and advocating on behalf of people who lacked capacity. Suggestions from the group had been taken on board relating to the campus and its ability to meet the needs of people moving forward.

- The provider was reviewing their service model with people. People had been consulted about where and who they want to live with and we saw examples of adjustments that had been made to accommodate people's wishes and give them the opportunity to try out other ways of living to inform their decisions.

- The culture was open, and everyone's input was listened to and valued. Staff had confidence to whistle blow, if they felt other staff had exhibited poor practice or were not working in line with the services value base.

- People, relatives, staff and external professionals were given opportunities to feedback about their experiences of the service. We found that survey responses were positive.

Continuous learning and improving care.

- Regular senior leadership meetings took place to discuss the service, reviewing risks, policies and procedures and any complaints or concerns raised. We saw detailed minutes and actions from these meetings, highlighting who was responsible for the action and the completion date.

- Action plans detailed how to improve the service which contained innovative service developments they were in the process of developing further. This included looking at the use of new technologies, setting up staff steering groups and community engagement.

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

- Duty of candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

Working in partnership with others

- Records consistently demonstrated staff worked effectively with partnership organisations such as the GP, the dentist, community services, local authorities and integrated care boards.

The Surveillance Camera Commissioner (SCC) is responsible for regulating the use of CCTV in England and Wales. The role of the SCC is to encourage compliance with the surveillance camera code of practice. At the time of our inspection Enham used surveillance at the entry point of the reception area.

- We were provided with evidence Enham were properly registered and licensed with the Information Commissioner's Office (ICO)
- We were satisfied with information detailed in the provider's Data Protection Impact Assessment (DPIA).
- Recording of information was appropriately stored and the providers policy reflected the requirements of the SCC and the ICO.