

The Brandon Trust

Brandon Trust Supported Living - Oxfordshire

Inspection report

Innovation House, Suite 5
Parkway Court, John Smith Drive
Oxford Business Park
Oxfordshire
OX4 2JY

Tel: 01452886307

Website: www.brandontrust.org

Date of inspection visit:

10 February 2020

11 February 2020

13 February 2020

Date of publication:

30 March 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

Brandon Trust Supportive Living Oxfordshire is a supported living service providing personal care to 129 people at the time of the inspection living across 43 shared or single occupancy households.

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

People received high-quality and person-centred care from staff who were compassionate and dedicated in improving people's lives and reach their potential. We received many positive comments about the exceptional caring nature of staff and the quality of the management who led the service. Staff were aware of the importance of providing a high standard of care. They supported people to understand changes in their physical well-being and were sensitive and caring towards people who needed emotional support.

Staff at every level were aware of their responsibility of raising and reporting any safeguarding concerns and knew how to whistle-blow. Safeguarding systems used ensured that the service was transparent, and they took opportunities to learn from incidents and take appropriate adjustments to reduce the risk to people.

An initial assessment of people's needs was carried out to ensure staff could meet their needs. They were given opportunities to visit the household and meet the staff and other people before they transitioned into the service.

People's personal health and emotional risks were assessed and managed well by staff who were familiar with people's needs. A balanced approach encouraged people to understand and take action to manage their own risks such as managing their own money. Health care professionals were contacted in a timely manner when people's needs changed to seek advice and further support.

Suitable numbers of trained staff were deployed across the service to meet people's needs. Safe recruitment practices were used to ensure people were supported by staff who were of good character. Staff told us they felt supported in their role and trained to meet people's needs.

Staff were trained in medicines to ensure people's medicines were managed and administered in line with their prescription and guidance. Staff were knowledgeable in controlling the spread of infection.

People were supported to maintain a healthy diet and access health care services to maintain their personal

well-being. Staff monitored people's risks and contacted health care professionals in a timely manner to seek advice and support.

Each person had a personalised support plan. The service regularly reviewed people's needs and worked in close partnership with people, their relatives and health care professionals to make changes to people's support requirements and care records. 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.

Feedback from health professionals about the quality of care people received and the management team was extremely positive. The management team had ensured effective and supportive systems were in place to enable a smooth transition of people and staff from another service to transition and integrate into organisation.

Robust quality assurance processes at all levels demonstrated continual monitoring and improvement of the service. The views and feedback from staff were valued and acted on and people were empowered to express their views and be involved in decisions involving them and the service. Records showed that lessons were learnt, and actions were taken when incidents, errors or near misses or complaints had occurred.

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

Rating at last inspection

The last rating for this service was outstanding (published 10 August 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Brandon Trust Supported Living - Oxfordshire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of four inspectors.

Service and service type

This service provides care and support to people living in 43 '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 four managers 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.

This inspection was announced.

We gave a short period of notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 10 February and ended on 13 February 2020. We visited the office location on 10 and 13 February 2020.

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 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 visited 13 households which supported 48 people. We spoke to people individually or in a group within each of the 13 households and observed staff interaction with people who were unable to communicate with us. We also met 11 people, 15 staff and one relative at a coffee afternoon arranged by the service.

We spoke with several staff members across the service including the registered managers, locality managers, team leaders and support workers. We reviewed a range of records. This included 20 people's care records and multiple medication records. We looked at five 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and information provided after the inspection. We received feedback from five professionals who have recently visited people using the service and eight relatives.

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

- Safeguarding systems and processes were in place and were known by staff. A safeguard lead within the service ensured any concerns about people's safety were thoroughly investigated and liaised with relevant authorities to promote openness and to learn from any incidents.
- Staff supported people to understand how to keep themselves safe and protected. Easy read safeguarding policies and brochures were available which assisted people in understanding how to safeguard themselves.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures. The subject of safeguarding people was discussed at every level within the service to ensure everyone was fully aware of the service's safeguarding systems and their responsibility to report any concerns. One registered manager said, "Safeguarding is on every meeting agenda."

Assessing risk, safety monitoring and management

- People's personal health and well-being risks had been identified, monitored and were managed well such as risks to people skin integrity, mobility and those at risk of choking or seizures. The risk assessments were documented, and action was taken to promote people's safety where required.
- Staff had been trained in specialist areas to help manage people's individual risks. For example, staff were completing Percutaneous endoscopic gastrostomy (PEG) training in preparation for one person to receive their nutrition and fluids via a PEG.
- There was a positive approach to risk taking, which balanced risk and independence such as supporting people to manage their finances independently. One health care professional wrote to us and said, "My impression was that all staff were aware of safety issues, and thoughtful about 'positive risk' to maximise quality of life of the service user while thinking about how to do this safely."
- Assistive technology was used to monitor people's risks and increase people's independence.
- The service ensured that any environmental issues that needed attention were raised with the appropriate bodies and the landlord.

Staffing and recruitment

- Arrangements were in place for each household to ensure people received their one to one and shared care hours from staff who were competent and skilled to support them. People in one household told us there were enough staff during the day to support them with various activities and domestic tasks. They knew how to alert night staff if they required assistance.
- Consistency of support was ensured by using regular agency staff who people knew when permanent staff were not available. Adjustments were made to the staff deployment in local areas to ensure experienced

permanent staff supported people with more complex needs.

- Effective on-call and communication systems were used to communicate any concerns and provide staff with additional support.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed.

Using medicines safely

- People's medicines were safely managed in accordance to their prescription and arrangements with their local pharmacy and GP. Staff had been assessed as being competent in managing people's medicines and were aware of any local arrangements.
- Medicines care plans and Medicines Administration Records (MAR) provided staff with the information they needed to safely administer people's medicines. MARs were completed correctly and regularly checked and audited to ensure people had received their medicines as prescribed. .
- Guidance was in place for staff to follow, where people were prescribed medicines that they only needed to take occasionally, such as pain relief or for anxiety which were regularly reviewed. This ensured people's medicines were administered in a consistent way and helped reduce the over use of psychotropic medicines.
- Where possible, people were encouraged to self-medicate some or all their medicines with support from staff.

Preventing and controlling infection

- Staff had access to infection control guidance and to supplies of personal protective equipment (PPE) This helped reduce the risk of spread of infection and maintain high standards of cleanliness.
- People received staff support to clean their home and bedrooms if this was required and report any maintenance issues to their landlord.

Learning lessons when things go wrong

- Staff were aware of their responsibility to raise concerns and report any incidents and near misses. Records showed and staff told us how actions had been taken to help reduce further incidents.
- Accidents and incidents across the service were analysed monthly by the registered manager to identify any trends and make adjustments to the service provision to prevent further occurrences.
- Learning was shared through staff discussions and handovers between staff at the relevant households. Relatives told us communication from the service was consistently good and they were kept fully informed of any changes.

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 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 were involved in their assessment and underwent four visits to the household prior to moving to this service. This enabled staff to assess their compatibility with other housemates and whether the service could meet their needs.
- People's physical, mental and social needs were holistically assessed before they moved into supported living. We saw guidance on records from the National Institute of Care Excellence (NICE) in respect of supporting older people with learning disabilities. We saw this guidance had been followed.
- Feedback from health professionals described how staff had sensitively helped people to transition into the service. They praised staff and their ability to support people with complex needs and effectively communicate with their relatives and other health care professionals to help reduce unnecessary stresses.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training relevant to their role such as autism, epilepsy and supporting people to manage their behaviour. Staff told us they received sufficient training for their role. One staff member described their initial training as "Helpful and gives you a good grounding."
- Staff felt supported both by their managers and by the provider. One staff member said, "Brandon are so person centred and they listen. My manager appreciates my work and always says thank you. Nothing impossible. The provider is both person-centred and staff centred."
- Staff were supported by regular meetings with their managers. One said, "I have regular supervision. [Names of managers] are always available to support me. It was thanks to the [Registered manager] that I did my level 5 qualification. They believed in me."

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

- People were supported to plan, shop and prepare their meals individually or as part of their household. Their preferences, cultural choices and dietary needs were catered for. One person told us 'I like shepherd's pie' and staff told us they made sure this was offered every week.
- People had been referred to a Speech and Language Therapist (SLT) or dietician where there were concerns about areas such as potential choking or people's diet. Nationally recognised descriptors of food textures and people's specific dietary needs were recorded in their care plans. We saw guidance was discretely displayed in people's kitchens to direct and prompt staff on the recommended texture of people's food and drinks to prevent choking.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support

- The registered managers and staff told us people were supported to make and attend healthcare appointments to maintain their health and well-being. Staff worked collaboratively with external health professionals, such as physiotherapists and occupational therapists to improve the quality of life for people and to ensure people got the support they needed to have healthier lives.
- Each person was supported to attend an annual health check and had a health plan and hospital passport in place in their care file. These identified any support and communication needs of people to maintain their health effectively.
- Staff provided several examples of how they had supported people during hospital admissions. Records showed people's discharge plans and the outcome of any consultations and appointments such as the GP's and hospital consultants.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- From our observations, we saw that the principles of the MCA were embedded in staff practices. For example, there was a consistent approach of staff engaging with people, offering them choice and respecting their decisions.
- Records showed people had been asked for their consent regarding different areas of the support that they required. Mental capacity assessments had taken place, and where capacity was not present in respect of a specific decision, a best interest decision was recorded. This was in areas such as medicines, personal care and finances and where people lived.
- We saw applications had been made to the local authority to refer to the Court of Protection for authorisation. These were being monitored to ensure the least restrictive support was used whilst awaiting authorisation. One health care professional wrote to us and said "I have worked with the service and staff around DoLS. There is an understanding of restrictions and being clear about what is proportionate and, in a person's, best interests."

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 outstanding because people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service. At this inspection this key question has changed to Good because although the service continued to promote a strong person-centred culture, a consistent approach of how the service had exceeded people's expectations could not be fully demonstrated. 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 service enriched people's lives, as well as making a difference to their family members, by helping people to reach their potential and fulfil their aspirations. Relatives praised the dedication and approach of staff. We received comments such as "The care staff go out of there way all the time. Each staff member has their own strengths"; "All the service users are so well looked after, I can't praise them enough" and "The carers are absolutely wonderful and so are the managers. They are outstanding." Some relatives told us their experiences of other provider's but were now happy that their relative was being supported by a service which maintained consistently good standards of care.
- Health care professionals shared with us their views of the caring nature of staff. One health care professional wrote to us and said, "The support staff clearly made efforts to get to know the likes/ dislikes of the service user, and to find ways to communicate in a caring way."
- People were supported by caring staff. Staff had built extremely meaningful relationships with people which led to staff willingly giving up their own time to support people. We were shown several personalised scrapbooks and photographs which captured people's experiences, activities and achievements such as trips to the theatre and meeting members of the royal family.
- We observed and heard many examples of how staff had been particularly sensitive at times when people needed caring and compassionate support. For example, one person was distressed about going to hospital after they had broken their wrist and initially refused treatment. Staff liaised closely with the hospital staff about the persons needs and used an innovative way of persuading the person to have their arm treated. The theme of this approach was used throughout their treatment to help calm and reassure the person.
- Staff teams worked well together to ensure people received consistent, person-centred care and support at all times. For example, the locality pulled together to ensure people were supported and safe when their household needed to be evacuated urgently due to water damage. A team leader said, "I'm lucky to have two brilliant teams. They are really caring; if I had a family member needing support I wouldn't hesitate to have the teams support them."
- People were supported to maintain and develop relationships with friends and family. For example, staff supported one person to maintain their friendship with a person who had moved into a nursing home due to their needs increasing. This had helped the person come to terms with their friends decreasing health.
- Staff were empathetic and sensitive to people who had experienced bereavement in their lives. They had taken time to speak to people about their feelings and used social stories to help them understand the

deteriorating health of people who were important to them and to come to terms with their death. Staff also helped people to develop tributes about the people who had passed away. For example, photographs and memorial items were displayed to help people come to terms with their loss. These sensitive actions of staff helped people to manage their emotions.

- People were supported to discuss and plan for their funeral. For example, we were told that one person had specific requirements and requests for their funeral. We saw these wishes were fully respected and carried out. People were supported to attend the funeral and video link arrangements were made for one person who did not want to attend the funeral in person.

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

- People were supported to ensure their views were represented at all times. For example, one person had an advocate that worked with them on decisions they needed to make. We saw one person who had been supported to appeal a decision which led to their motor vehicle being removed. We heard of their delight when this was reinstated.

- Another person was being supported on a short-term basis whilst receiving treatment for an illness at a local hospital. This was arranged to limit travel and to provide staff to support the person. We saw the person was anxious about the outcome, but we observed care staff being sensitive and reassuring and they clearly empathised with the person.

- Staff supported people in the way they chose, valuing people's preferences. We saw one person who was clearly given choice about when they wanted to go out. They chose not to leave but then suddenly announced they wanted to go. The staff member smiled and said, "She enjoys going on the bus and when she wants to go out, she goes out."

- Relatives told us staff ensured that people's views and wishes were heard and acted on to enable people to continue with their own personal interest such as arts and crafts. We observed one person making cards for Valentine's Day and engaged in chatter about the colours and who the card was for. Staff supported and encouraged people to explore new options. For example, staff had arranged for an artist and musician to visit some people who had expressed a desire to learn more about art and music. One person said, "I like singing along and playing the instruments. It's fun." A relative told us about the positive and calming impact on their loved one. One person had someone come in to paint their nails. Other people had visits from a masseur and aromatherapist and one went swimming. All these activities ensured that people did not become socially isolated.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff being kind to people and respecting their privacy.

- Promoting people's independence was encouraged by staff at all times to enable them to experience new opportunities and live fulfilled lives. One staff member said, "It is about knowing each we support well, working on their strengths and at their pace and providing them with opportunities to be more independent and take control of their life."

- People were encouraged and supported to do tasks for themselves in their own homes. For example, carrying out their laundry, preparing food and drinks, washing up and keeping their homes tidy.

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 outstanding because of its innovative ways in providing a high level of personalised care to people. At this inspection this key question has changed to Good because although people continued to receive good levels of personalised care, a consistent approach to deliver innovative care could not be fully demonstrated. 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

- People continued to receive a personalised service that was tailored to their needs from staff who knew them well. They were able to follow their preferred routines and hobbies and requested staff assistance when needed.
- People's needs had been comprehensively assessed and planned for, setting out each person's needs, the risks they faced, and how staff should support them. We found various different formats of how people's care was recorded and a plan was in place to review everyone's care records and transfer them on to a new single format by June 2020. This would ensure that all staff could easily access the information they needed to support people.
- People's views about the service and their needs were gained by reviewing their support plans on a regular basis. This ensured up to date information was available and people's current needs were reflected accurately in their care records.

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.

- Information about people's communication needs were clearly recorded and known by staff. For example, the support plan of one person who was partially sighted explained how to communicate with the person such as always explaining what was going on. There was also information about how they sometimes communicated their feeling through different behaviours.
- Information was available to people in an easy read format such as health brochures, and complaints information. Some information in people's support plans was in a pictorial form with photographs to show their preferences, interests and activities that they had enjoyed.

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

- People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them.
- Staff invested time to ensure people received the support they needed in achieving their goals

and overcoming their fears and any barriers to maintain or develop new interest and hobbies. We were provided with many examples of how staff had supported people to follow their interests and take part in activities such as pamper sessions, swimming and various social groups. One person's interest in trains was fulfilled with regular visits to the train station. The person was also helped to personalise their bedroom with train related items. Staff had arranged for a bird handler to visit a person who loves birds in their home. Records showed, and people and staff told us about various trips, shows and holidays that people had attended.

- Relatives told us they were very involved in people's lives and were always welcomed by staff and invited to any events.
- People were supported to be part of the local community and engage in local events. People supported by the service in local geographical areas often met and carried out social events together. One relative said, "Its like one big family. At Christmas, they go out of their way to make sure everyone has a good time."
- People had been supported to access education, volunteering and employment opportunities which in turn had enhanced people's independence and confidence and improved their links with the wider community.

Improving care quality in response to complaints or concerns

- People who were able to and the relatives of people who use the service told us they knew how to make a complaint. One person we spoke to said they would talk to the staff if they had any concerns. They said they felt confident that action would be taken if they were unhappy about anything.
- We were told that any complaints would be acknowledged and managed in line with the provider's complaints policy and actions would be taken to improve the service.
- The service shared with us several compliments and emails from relatives and health care professionals who had acknowledged the quality of care provided by the service. The compliments mirrored the feedback we received from relatives and professionals as part of this inspection.

End of life care and support

- People's care plans were being developed to include detailed wishes and preferences in relation to receiving care at the end of their life. People were encouraged to discuss their end of life care and funeral arrangements. There was evidence that people's wishes had been carried out.
- Staff worked with health care professionals and families to ensure people received appropriate care and treatment in their best interest. For example, staff monitored one person's conditions to ensure any pain or other symptoms were managed. Staff talked about how it was important to manage their symptoms as well as respecting their wish to still go out on daily trips and on holiday.
- Staff had used different strategies and resources to explain death and the different stages of grieving to people with a learning disability to help them come to terms with the death of a person significant in their 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- During November 2019, Brandon Trust Supportive Living Oxfordshire acquired another supportive living service based in Oxfordshire. The managers of Brandon Trust Supportive Living Oxfordshire worked tirelessly to ensure effective systems were in place to enable a smooth transition of people and staff into the service. For example, all new staff completed the provider's induction programme and Brandon Trust managers 'buddied' with the new incoming managers. This ensured that staff fully understood the service's policies and procedures and supported them through the transition and integration into the organisation. All the incoming staff and managers spoke positively of the transfer and told us they had felt welcomed and supported. The success of the transfer had had a minimal impact on the people they supported. This was confirmed by people and their relatives.
- People were supported by staff who were confident in their role and ensured the provider's values were followed. There was a strong team culture and staff were extremely supportive of each other.
- People were truly at the centre of the service. Staff and managers provided opportunities and empowered people to try new experiences and overcome barriers to develop new skills such as working in an upcycling furniture workshop. This had improved people's wellbeing in relation to their social interaction, confidence and quality of life.
- The provider valued and listened to their staff and acted in response to any feedback. For example, a leadership programme to support management progression was being developed and implemented as a result of the recent staff survey. A centralised staff rostering system was being implemented to enable the managers to have a better oversight of the deployment of staff.
- All staff were positive and enthusiastic about working for the provider and shared their commitment to providing high quality person-centred care. One member of staff told us, "Brandon provides opportunities for career progression. I've done diploma in leadership and management. Brandon see our potential and encourage staff to progress" and another said, "Employee support is excellent. We have an employee recognition scheme. I like their values which we drive into our day to day work. It's a very approachable organisation and hands on."
- Health care professionals spoke highly of the management of the service. One health care professional wrote to us and said, "I feel that the service is really effective at looking after residents, some of them with really high needs. The service, and in particular the manager [name], is responsive and approachable and she pushes for things to be looked at again by the professionals and continues to raise issues for the residents."

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 managers were aware of their responsibilities to be open and honest when things went wrong. They communicated with people, their families and sought advice from health care professionals when events or incidents had occurred.
- Incidents were recorded and reported to the appropriate agencies and any lessons learnt were shared with the staff team to prevent incidents from reoccurring.

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

- The registered managers were aware of the importance of effectively monitoring the service and identify any shortfalls. There was a clear management structure in place which provided a clear line of accountability. This assisted staff retention as staff felt supported at all times. A member of staff said, "My [manager] is excellent at supporting me. She supports me and acknowledges how hard I am working. I can go to her with the silliest little thing and I know I'm going to get an answer."
- Robust quality audits were used within the households and across the service to monitor the quality of care being provided. Representative of the provider also quality checked the service and provided on-going support to the Oxfordshire service.

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

- The service proactively worked with other agencies and organisations to benefit the people who use the service and wider community. People were supported to engage in volunteer work through local organisations and access community using public transport links. Staff helped people to overcome barriers and work on their strengths and abilities.
- There was a strong emphasis of involving people in the running of the service. For example, people were frequently involved in the recruitment of staff at all levels. The registered manager said, "Several people who use our service were on the interview panel to ensure that the right person was chosen in line with the values and behaviours of the organisation."
- The provider valued the feedback of people's experiences of using the service. People had been employed as peer lead 'quality checkers' to visit people in their homes to gain an insight into their experience of the service. The feedback from one quality checker had provided additional evidence to support one person's request to move to another service.
- Management were keen to continually improve practices and work collaboratively with people and staff to review the service being provided and make informed changes. For example, staff had been consulted about the development of the new format of the support plans.

Continuous learning and improving care

- The managers consistently reviewed the service that was being provided and made changes to improve the quality of care to people. For example, managers had reviewed the referral, transition and assessment process for new people as result of one person's placement within the service had not been fully successful. A new system has now been implemented which involved other people in the households to reduce the risk of incompatibility amongst people.
- The managers took learning and made changes as a result of changes in internal and national guidance and incidents. For example, the development of personalised oral health care plans had been implemented as a result of CQC 'Smiling matters' report. The provider had considered the possible impact of Brexit on the service and current health protection guidance as part of their business contingency plan.
- The managers shared information and kept themselves updated by attending training, conferences and

the local care provider forms and subscribing to newsletters. The staff's approach and compassion had been recognised as the service had been nominated for health care awards.