

Optima Care Shine London Limited

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Inspection report

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Date of inspection visit:

12 December 2023

14 December 2023

21 December 2023

Date of publication:

17 January 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

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.

At the time of the inspection, the service was supporting people with a learning disability or autism. We therefore assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Optima Care Shine London Limited is a supported living service providing personal care and support to people with a learning disability or autistic spectrum disorder and/or mental health care needs. At the time of our inspection there were 11 people receiving personal care living in the services, in 4 separate 'supported living' settings/houses, each with their own separate facilities.

An additional 6 people using the service did not receive any personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service had improved since our last inspection and was now able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture.

Right Support

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. How medicines systems were managed had been improved, and people received their prescribed medicines as and when they should. Staff followed current best practice guidelines regarding the prevention and control of infection. Staff received the right levels of training and support which enabled them to deliver safe and effective personal care and support to people. Staff knew how to recognise and report abuse, and how to apply this knowledge. Enough staff were deployed throughout the services 4 supported living settings and their offices to meet people assessed personal care needs. Staff's suitability and fitness to work in an adult social care setting had been thoroughly assessed.

Right Care

People had access to a wide variety of food and drink that met their dietary needs and wishes. People were helped to stay healthy and well. The provider worked collaboratively with external health and social care agencies and professionals to plan and deliver people's packages of care. People were confident any

concerns they raised would be listened to. The provider kept people safe by appropriately assessing, monitoring and managing risks they faced. Staff knew and understood the risks people might face and responded well to people's individual needs. The care and support people received was person-centred.

Right culture

The provider's culture was positive, open, and honest, with leadership and management that was clearly identifiable and transparent. The provider sought the views of people using the service, their relatives, external health and social care professionals, and their staff. Staff were aware of and followed the provider's vision and values which were clearly defined. Staff knew their responsibilities, accountability and were happy to take responsibility and report any concerns they may have. Complaints, concerns, accidents, incidents, and safeguarding issues were appropriately reported, investigated, and recorded. Service quality was reviewed regularly, and appropriate changes made to improve people's care and support if required.

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 requires improvement (published 14 March 2022) when 4 breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve how they managed, medicines, infection control, staff training and support, consent to care, and governance systems. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Optima Care Shine London Limited on our website at www.cqc.org.uk.

Follow up

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

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Optima Care Shine London Limited

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors 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

This service provides care and support to people living in 4 'supported living' settings, so 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.

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 CQC 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 not a registered manager in post. However, a new operations manager was appointed in October 2023, and they have applied to register with us.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 12/12/2023 and ended on 21/12/2023. We visited the provider's offices on 12/12/2023, a service location where 5 people who received personal care lived on 14/12/2023 and made telephone contact with people's relatives on 21/12/2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included 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 used all this information to plan our inspection.

During the inspection

We spoke in-person with 4 people about their experiences of using this supported living service. We also talked to various managers and members of staff including, the new operations manager, the new head of quality assurance, the head of human resources, 2 service managers, 4 support workers and the managing director/nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

In addition, we reviewed a range of records. This included 5 people's care plans, 4 staff files in relation to their recruitment, multiple staff training and medicines records, and a variety of other records relating to the overall management and governance of the service.

We observed the support staff provided people who lived at the 1 supported living setting we visited during our inspection to help us understand the experiences of people who could not talk with us.

After the site visit, we received telephone and/or email feedback about Optima Care Shine London Limited from 8 people's relatives, 3 external health and social care professionals, and the providers Positive Behavioural Support [PBS] Practitioner.

We also continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection including records relating to, staff rosters, their training and pre-employment recruitment checks, satisfaction surveys, and multiple quality monitoring audits. We received this information as requested, which was used as part of our inspection.

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 requires improvement. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to ensure their governance systems were always effectively operated. This was because the provider had not identified and addressed issues relating to assessing, monitoring and managing identified risks people might face, specifically in relation to people expressing distress, fire safety and managing finances. This represented a breach of regulation 17 (Good Governance) 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.

- The provider kept people safe by appropriately assessing, monitoring and managing risks they might face.
- The provider now conducted routine environmental checks and ensured essential equipment was maintained and serviced appropriately, which included fire-resistance doors in all the supported living services.
- Staff received training on fire safety and health and safety awareness which was routinely refreshed. The provider had health and safety policies and procedures in place to guide staff on how to work safely.
- People were risk assessed and their safety was monitored. People's care plans contained basic explanations of the control measures for staff to follow to keep people safe. Those risk assessments were used in the development of people's individual care plans which were designed to guide staff practice. These risk management plans were detailed and covered every aspect of people's lives. For example, they included guidance for staff in relation to how to appropriately manage risks associated with people's expressions of distress and mental health care needs.
- Risk management plans were regularly reviewed and updated as people's needs and risks they faced changed. For example, staff told us how they had reviewed and changed a person's independent travel risk management plan following potentially harmful incidents involving this individual in the wider community. The provider responded by ensuring this person now had staff support whenever they accessed the local community which had mitigated this newly identified risk.
- Staff understood when people required support how to reduce the risk of avoidable harm. Staff told us they regularly refreshed their conflict management training which ensured they had all the relevant knowledge and skills to prevent or safely manage potentially harmful incidents. The provider's PBS practitioner told us, "I help staff develop person-centred behavioural support risk management plans for people which informs the individualised PBS training staff receive."
- People told us staff knew how to prevent or manage potential risks people might face. A person said, "The staff are nice... They know how to keep us safe."

Using medicines safely

At our last inspection, the provider had failed to ensure peoples prescribed medicines were safely managed. This represented a breach of regulation 12 (Safe care and treatment) 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.

- Medicines systems were now well-organised, and people received their medicines as they were prescribed. Medicines were safely administered, appropriately stored, disposed of, and regularly audited by the managers and staff.
- In the last 12 months the provider had introduced a new electronic medicines system. These e-medicines administration records [eMAR] meant any medicines errors that might occur would be automatically flagged up to managers and dealt with in real time as soon as they occurred. We found no recording errors or omissions on eMAR we looked at during this inspection.
- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered. This included protocols for people prescribed 'as required' medicines, which helped guide staff to manage these medicines safely.
- People told us staff supported them to take their prescribed medicines as and when they should.
- Staff were clear about their responsibilities in relation to the safe management of medicines. Staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed by their line managers.
- Medicines were safely stored in lockable cabinets securely fixed walls in people's own apartments/bedrooms at each service.

Preventing and controlling infection

At our last inspection, the provider had failed to ensure they always followed current infection prevention and control (IPC) procedures, including those associated with COVID-19. This represented a breach of regulation 12 (Safe care and treatment) 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.

- The provider supported visits to their supported living services in line with the government guidance in place at the time of the inspection. We were also assured the provider was supporting people using the service and their visitors from catching and spreading infections. In accordance with recognised best infection prevention and control [IPC] practices and the provider's updated IPC policies and procedures visitors to any of their supported living services were no longer required to have their temperature taken and provide a negative Lateral Flow test for COVID-19 before entering. The provider continues to access COVID-19 testing for people using the service and staff working there if people showed signs and symptoms of COVID-19.
- We were assured the provider was using personal protective equipment [PPE] effectively and safely. The provider no longer insisted all staff and visitors to the home must wear appropriate PPE to reflect the governments risk-based approach to wearing PPE in an adult social care setting.
- Staff had received up to date infection control and food hygiene training that people said was reflected in their work practices.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse or neglect. The service worked well with other health and social care agencies and

professionals to do so.

- People told us they felt safe using this supported living service and staff who worked there treated them well. A person said, "I like living here, and yes, I do feel safe in my flat."
- Staff had received training on how to recognise abuse and neglect and knew how to apply it. The provider's safeguarding policies and procedures supported this. A member of staff told us, "I would tell the managers if I saw anyone being abused at the service."
- Managers understood their responsibility to refer safeguarding incidents to all the relevant external agencies without delay. They would ensure incidents were fully investigated and took appropriate action to minimise the risk of similar incidents reoccurring. An external community care professional told us, "The number of safeguarding concerns raised in respect of this service decreased significantly in the last 12 months and those raised were addressed appropriately by the provider."

Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- People were supported by enough staff to meet their assessed needs. During our inspection, staffing levels matched the daily staff rota and enabled people's needs to be met safely. Staff were visibly present during the site visit to a supported living service. Where people were designated additional levels of staff support, such as 1 to 1 or 2 to 1 staffing, we saw this was in place as reflected in the staff duty roster.
- People told us the home had enough staff to meet their care and support needs. A person said, "There is always staff about in the service." Staff confirmed the service we visited had enough staff to meet the personal care needs of the people who stayed there.
- The provider's staff recruitment process was thorough, and records demonstrated that it was followed. The provider carried out pre-employment checks to ensure the suitability of staff for their role. These included checks on prospective new staff's identity, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had policies and procedures that included how to achieve continuous improvement and work in co-operation with other service providers. An external care professional told us, "We have seen a vast improvement in the care provided at this service and particularly with the way it's been managed. Over the past 2 years they have learnt lessons and addressed the concerns we had about the quality of care they provided."
- Managers continually reviewed all incidents and accidents, safeguarding concerns, complaints and near misses to determine potential causes and identify any actions they needed to take to reduce the likelihood of reoccurrence and learn lessons. This information was shared and discussed with staff during team meetings and handovers.
- Improvements made at the service since our last inspection included the introduction of an electronic medicines system to help staff manage medicines safely.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people's outcomes were now consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had failed to ensure staff were always suitably trained, supported and had their work performance routinely appraised. This represented a breach of Regulation 18 (Staffing) 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 18.

- People now received personal care from staff who had the right levels of training and support to deliver it safely and effectively.
- Staff training was refreshed at regular intervals or more frequently if staff required it. Staff had received up to date training in diabetes and epilepsy awareness, learning disabilities, and positive behavioural support, which had been identified as a gap in staff's knowledge and skills at our last inspection. A member of staff told us, "The training is good. We regularly receive training to update are skills. It's always relevant and helps us do a better job of supporting everyone who lives at the service."
- The provider responded immediately during and after the inspection in relation to staff's lack of Makaton training. Makaton is a communication tool which uses speech, signs and symbols to enable people with learning disabilities to communicate more effectively with others. The manager confirmed action had been agreed for staff to receive this Makaton commination training within the next 6 months. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.
- Staff now had greater opportunities to reflect on their working practices and professional development. This included regular supervision meetings and an annual appraisal of their overall work performance conducted with their line manager. Staff told us they felt supported by their managers and co-workers. A member of staff said, "I have regular supervision meetings with my manager and do feel a get all the support I need from them."
- People using the service and their relatives described staff who provided them with personal care as competent and kind. A person's relative told us, "Staff are well-trained to communicate and support my [family member]."
- New staff received a comprehensive induction program, which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction program. A new member of staff told us, "My induction was excellent. They [provider] taught me all the basic stuff I needed to know about working here. Im still learning, but it's been a good start."

- Staff demonstrated good awareness of their working roles and responsibilities and said they received all the support they needed from their line managers and co-workers to perform their duties well.

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).

At our last inspection, the provider had failed to ensure they always followed good practice around assessing mental capacity and supporting best interest decision-making. This represented a breach of regulation 11 (Need for consent) 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.

We checked whether the service was working within the principles of the MCA.

- People consented to the care and support they received from staff at the service.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- The highly invasive visual monitoring system that was previously used in people's bedrooms to observe their movement, which had not been authorised as required by the MCA, had now been removed.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS.

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

- People received care and support that was planned and delivered in line with their assessed needs and wishes.
- People's dependency needs were assessed before people were offered a place at a supported living service and these assessments were used to help develop people's individualised care plans. People, their relatives and health and social care representatives were all invited to participate in the pre-admission assessment process.
- Care plans detailed the personal care and support people needed. For example, they included people's preferred food and drink likes and dislikes, what they wanted and could do for themselves, and what their social interests were.
- Staff demonstrated good awareness of people's individual support needs and preferences.

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

- People received support to eat and drink in a way that met their personal preferences and mealtimes were informal and flexible to meet people's needs.

- People told us they were happy with the quality and choice of meals and drinks they were offered at the service. A person said, "The food is good." Another person added, "Staff do help me to eat healthier food. I do like fish and chips, so sometimes the staff help me make it or I can buy it from a local takeaway place."

- People's care plans included assessments of their dietary needs and preferences, including if they needed any staff assistance to help them eat and drink.

- Staff demonstrated a good understanding of people's dietary needs and preferences. Staff knew who required assistance to eat and drink and the signs to be aware of that indicated they were happy to eat and drink independently.

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

- People received consistent health-related support from staff.

- People's health conditions, and related healthcare needs, had been assessed and staff had guidance available to them about the support people required.

- There was clear evidence in health records where professionals had been involved. We saw regular appointments with external healthcare professionals and agencies were supported by the staff.

- People told us staff, promptly contacted external healthcare professionals if it was identified that a person needed specialist support. A person said, "Staff help me make appointments with the doctor who sometimes comes to see me in my flat."

- Staff demonstrated good awareness of signs they had to look out for which could indicate people they supported with communication needs might have an emerging physical health care issue.

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 our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider had failed to ensure their oversight and scrutiny systems were always effectively operated and the service was well-managed. This was because the provider had not identified and addressed all the issues we found during our last inspection including, managing medicines, Deprivation of Liberty Safeguards [DoLS], staff training and support, infection prevention and control, and fire safety. This represented a breach of regulation 17 (Good Governance) 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.

- The service improved care through continuous learning and the new management team understood their quality and safety monitoring roles and responsibilities.
- The provider had completed a time specific improvement plan as we had required them to do following our last inspection and had taken appropriate action to address all the outstanding issues we identified at that time. This included improving how they managed medicines, DoLS, staff training and support, infection prevention and control, and fire safety.
- Managers understood their roles and responsibilities in relation to good governance. The provider had policies and procedures regarding how to achieve continuous improvement and how to work in co-operation with other service providers to achieve this.
- The management team maintained day-to-day oversight of the service. Processes were in place to ensure any incidents, concerns, and complaints were investigated and responded to.
- Staff had specific areas of responsibility such as record keeping and medicines management and carried them out. This was reflected in the positive comments from relatives. Governance systems had been updated and were now electronic, and this had improved their efficiency. They contained indicators that identified how the service was performing, any areas requiring improvement and areas where the service was achieving or exceeding targets. Key performance indicators included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents. Their governance systems were being used effectively to monitor quality of care.
- The managers and staff conducted thorough, regularly reviewed audits, which were kept up to date. There was an internal audit that checked specific records and tasks were completed. These included staff training, staff observations, health, and fire safety. There was also a service development plan. This meant the service people received was focused on them and efficient.

- Records demonstrated safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the CQC in a timely way.
- People told us they were still concerned about the high turnover of managers. An external care professional said, "The high turnover and level of change of managers at the service has inevitably had a negative impact on how well it's been managed in recent years, but I do feel the current set of managers have significantly improved things and are willing to work closely with us, other community health and social care professionals and people's families." A member of staff added, "I really do like the managers we have working here now, but they do tend to keep changing every year. I think we could do with a period of stable management."

We discussed these issues of the service continuing to experience higher than expected turnover of managers and not having a registered manager in post with the provider at the time of our inspection. They confirmed a new service operations manager was appointed in October 2023 and they had applied to register with us. They told us all the service managers who were in day-to-day charge of each of the providers supported living settings had remained unchanged since our last inspection, while a new managing director and a new head of quality assurance had both been appointed in the last 12 months. Progress made by the provider to achieve their stated aim of ensuring the service is consistently well-managed by a stable management team will be closely monitored by the CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour responsibility

- The provider had a culture that was open, positive, inclusive, empowering, person-centred and people experienced good outcomes.
- People received a good standard of care and support from suitably trained and supported staff who understood how people wished to be supported to achieve positive outcomes. People's electronic care plans were person-centred and set out in details people's needs, strengths, likes and dislikes and personal goals. A person's relative told us, "My [family member] care and wellbeing has improved massively since they came to live here."
- People and their relatives told us the service was well-run, and the managers were approachable. A person's relative said, "The service is well-managed, and I feel able to talk to the managers and staff if I have any concerns." External health and social care professionals added, the way the service is now managed has improved.
- The managers spent time with staff discussing behaviours and values. They often collaborated directly with people, to provide care, and led by example. They told us they routinely used individual supervision and group team meetings to remind staff about the provider's underlying core values and principles.
- The provider understood their responsibilities regarding duty of candour and were open and honest with people when things had occasionally gone wrong.
- People using the service and their relatives were informed if things went wrong with their care and support and provided with an apology.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service. People were supported, as far as possible, to have their say regarding the care they received, staff sought their views on a daily basis. Staff referred to themselves as being guests in people's homes.
- The provider used a range of methods to gather people's views about what the care home did well or might do better including regular care plan reviews, service user and relatives group meetings, and

satisfaction surveys. Surveys were available in pictorial format to make them easier to understand, if required.

- People told us managers and staff listened and acted upon what they had to say.
- People were able to be a part of their local community. For example, shopping, going out for drinks and meals and attending community day centres and events within the immediate locality and with their peers.
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers, and through the staff satisfaction survey. Staff told us they felt supported and valued by the managers. A member of staff said, "All the managers are very approachable, and they do listen to what we have to say."
- Details of people's individual equality and diversity characteristics were recorded in their care notes and considered when care was being planned. Staff had received equality and diversity training in how to ensure people's equality characteristics were considered when providing care to them.

Working in partnership with others

- The provider worked in partnership with others.
- The provider worked closely with various community professionals and external agencies including, GPs, various community psychiatric nurses, behavioural support and learning disability teams, social workers and the relevant Local Authorities. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- External health and social care professionals told us the provider had improved how they now worked together. An external care professional said, "A better working relationship between us the Local Authority and this provider is the main reason for the improvements they have made in the last 2 years to address all the concerns we and the CQC had about the quality of care they provided people. Another external care professional added, "The new management team have shown the ability to listen to us, have been flexible and responsive to our clients' changing needs, actioned plans we have agreed with them promptly, and demonstrated a good collaborative approach."
- The managers told us they regularly consulted with these external bodies and professionals, welcomed their views and advice, and shared best practice ideas with their staff.