

Scotts Project Trust

# The Oaks and Willows

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Oaks and Willows provide supported living and personal care to younger adults living with a learning disability. The ethos of the service is to enable people to gain and maintain skills to achieve independent living. Tenants who use the service live in two supported living houses and an adjoining self-contained flat. At the time of our inspection, nine people lived at the Oaks and Willows. The Care Quality Commission inspects the care and support the service provides to younger adults but does not inspect the accommodation they live in. CQC only inspects where people receive personal care, this is help with tasks related to personal hygiene, medicines and eating and at the time of the inspection this applied to four people living at the Oaks and Willows. We also considered any wider social care provided to all people living at the Oaks and Willows.

People lived in supported living houses where four people or less lived or in their own flat adjacent to the supported living houses. 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 told us that staff supported them and that staff were kind and caring. People's support focused on them having opportunities to gain new skills and become more independent, promoting choice and control, independence and inclusion. 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. A relative told us, "He's very lucky to live there, he's not held back, he's living how he wants to live."

We observed positive, friendly interactions between people and staff. Staff respected people and focussed on increasing their independence and achieving good outcomes. People were treated with dignity and kindness. Staff knew people well, our observations confirmed this. A relative told us, "They know her, and they understand her needs, [Person] is strong willed and they handle that well."

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People received personalised care that was tailored to meet their individual needs, preferences and choices.

Person centred support plans were detailed and guided staff about people's needs and how to meet them. Staff supported people to make choices and decisions relating to their care and to live their lives as they wished, staff gave support that was led by the person. We observed that people were comfortable in the company of the support workers.

People's risks were identified and assessed appropriately such as accessing the community, money management, meeting strangers and staying safe and road safety. People were supported to take positive risks and staff had an ethos to not let identified risks to restrict people's lives. People were safe and were supported by staff who were trained to recognise the signs of any potential abuse. Staff had been trained in safeguarding and knew what action to take if they had any concerns about people's safety or welfare.

There were sufficient staff to meet people's needs and the care delivered was flexible to enable them to engage with activities, access the community and to live their lives independently. People were supported by staff whose suitability to work in the care sector was checked. Staff completed training that reflected people's varied needs and staff were experienced in their roles to provide effective care to people. Staff received regular supervisions and an annual appraisal.

People were asked for their feedback about the service through house meetings, forum meetings, giving feedback to staff and surveys. Staff felt supported by senior staff including management and felt confident that any suggestions or concerns would be listened to and acted upon. A support worker said, "I definitely feel well supported by the manager, seniors and the company. There's always a senior on call and when we go out with people we have duty mobiles, it's peace of mind that there's always help if you need it."

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

Rating at last inspection

The last rating for this service was Good (published 28 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# The Oaks and Willows

## 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

One inspector visited the office to see records and meet staff. The same inspector visited a supported living house to meet people.

#### Service and service type

This service provides care and support to people living in three supported living settings, comprising of two houses and a flat, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

A comprehensive inspection took place on 26 November 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff would be available for us to speak with and to arrange for us to visit people with their permission.

#### What we did before the inspection

We reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We arranged a visit to a supported living house, so we could meet staff and people, we were able to observe staff and people interacting during our visit. We spoke with three people.

We spoke with five members of staff, including the registered manager, support workers and team leaders.

We reviewed a range of records in the office and supported living house. This included two people's support records, two medication records and one set of daily notes. We looked at two staff files in relation to recruitment and records for all staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

After the inspection, we spoke to two relatives by telephone.

# 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.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "I like it here, I'm happy, I feel safe."
- Staff had a good knowledge of safeguarding processes. Staff were trained annually in safeguarding adults. Staff knew what to do if they had concerns and how to report it. Staff understood how, and felt confident, to notify the local authority or the CQC about any safeguarding concerns.
- Since the last inspection, the registered manager had implemented a new supervision template, this meant that safeguarding was a standing item in each supervision session. A support worker told us, "We always talk about safeguarding in supervisions, if I had a safeguarding concern I'd speak to a senior member of staff, we can talk directly to our CEO and if I was worried it wasn't being dealt with I'd go to the CQC or local authority directly."

Assessing risk, safety monitoring and management

- People's risks had been identified and assessed. Risk assessments were person-centred and individualised to each person. Assessments included accessing the community, cooking, road safety and money management.
- People were supported to take positive risks and staff had an ethos to not let identified risks restrict people's lives. People and staff talked through positive risks and set out plans together for risks such as meeting strangers and staying safe, travelling alone and getting lost, gambling and paying household bills.
- People understood how important safety is and actively took part in this in the house. A person said, "I do the health and safety here in this house. In the evening I lock the doors, check the lights are off and the kitchen appliances are off, health and safety is really important to keep everyone in the house safe." Each person had a Missing Persons information sheet that staff could use with emergency services if a person did not return home.
- Both houses and the flat had a lifeline. Where needed people had lifeline's in their rooms, for example a person who had epilepsy had a lifeline in their room which they could use when they had a seizure. A lifeline is a personal alarm pendant.

Staffing and recruitment

- From records, such as rotas, and by observing support, we saw there was sufficient staff to meet people's needs and to be flexible. For example, additional staff were on duty so that people could be supported to go out when they wanted or to cover big events like parties or outings.
- No staff we spoke with raised concerns about staffing numbers. A support worker told us, "We've got a brilliant team that works really well, there are ample staff to meet people's needs."

- Robust recruitment systems ensured that new staff were safe to work in a social care setting and followed equal opportunity and competency-based protocols. Staff files showed that checks had been made with the Disclosure and Barring Service (DBS) which considered the person's character to provide care.

#### Using medicines safely

- People had varying needs with their medicine, from full support to prompting to no support at all.
- We saw medicine administration records for two people, these were accurate and complete. Where people had 'as and when needed' (PRN) medicine for example for pain relief, staff had consistent guidance from a protocol. When PRN medicines were administered this was recorded and monitored. PRN medicines were reviewed with a GP or relevant health professional as and when needed or annually.
- Staff were trained in giving people medicines, this training was refreshed annually. Staff competency was checked annually.
- Regular auditing of medicine procedures took place, including checks on accurately recording administered medicines. People were supported to be independent in collecting their medicines from the pharmacy and storing medicines securely in their room.

#### Preventing and controlling infection

- Support workers were trained in infection control. Staff and people had access to hand washing facilities and antibacterial gel. The house we visited was clean and well-presented. People cleaned their own rooms and were given any support they needed to do this.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored. Actions taken in the short and long term were also recorded. Records showed that help from health and social care professionals had been sought immediately where needed. The registered manager reviewed incidents and looked at measures to prevent future incidents from happening.
- Staff told us that incidents or issues were dealt with promptly.



# 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.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the time of our inspection no one was being deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- All staff received training in MCA and we observed staff supporting people to make decisions and choices throughout the inspection.
- Records showed that people, appropriate relatives or professionals were involved in developing a person's support plan, reviewing a support plan or making specific decisions. A relative told us, "We had a best interest meeting about [Person's] night-time routine, when there's any issues they (staff) involve me, we explore it and look at strategies of how we can help [Person], staff have a willingness to explore and try new strategies."
- It was recorded where people had a financial representative through the local authority or if there was a power of attorney for finance or for health and welfare.
- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an independent advocate for specific decisions. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.
- A team leader said, "The whole thing here is choice, we don't impose our opinions on them, they make choices about all aspects of their life, they choose what they have to eat every day, sometimes we'll guide

about healthy eating or appropriate clothing for the weather – we help them to be informed with their choices when it's needed."

- Staff assessed needs comprehensively and care and support were planned and delivered in line with current evidence-based guidance, standards and best practice.

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

- People had varying needs with food preparation or menu planning. People that did have support as part of their personal support plan were supported with menu planning, food shopping and food preparation.
- People were supported to increase their independence in food shopping, planning meals and cooking. One person told us they had only made cold foods but since moving to the house they had learnt to make hot meals and baking and took great pride in this.
- Staff were aware of any dietary requirements such as allergies or due to religious needs or cultural preferences. Staff were trained in food hygiene and safety.

Staff support: induction, training, skills and experience

- Staff were trained and knowledgeable. Staff told us they had access to the training they needed to meet people's needs and felt well supported to feel confident in their work. Staff told us they had frequent supervision, worked well as a team and had annual appraisals.
- Staff had access to a range of training considered mandatory by the provider such as health and safety, first aid, fire safety and moving and positioning. A relative we spoke to confirmed this, they told us, "Yes, I feel confident that staff have got the skills and understand what [Person] needs."
- Staff also had additional training that reflected people's needs. Records showed that staff also had training in epilepsy, autism, dementia, dementia in down syndrome and challenging behaviour. A support worker said, "A person we supported was diagnosed with dementia, so we had dementia training, that helped me to understand what was happening and how to support [Person]."
- Staff were encouraged to study for vocational qualifications in health and social care and to continue their professional development by doing further qualifications. New staff followed the Care Certificate, a work-based, vocational qualification for staff who had no previous experience in the care sector. A support worker told us, "I hadn't worked in care before, so I did the care certificate when I started, did the mandatory training, I did more training on the job and shadowing, now I do the refresher training and any new training that comes in. That helps me to feel confident."

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

- Health and social care appointments were co-ordinated by people, an appropriate relative or their support workers depending on the care arrangement and support needed in this aspect of life. Records showed that people had access to healthcare such as chiropodists, GP, community mental health, optician and dentist.
- Support workers told us they accompanied people to health appointments if the person wanted this, a support worker said, "At health appointments I'll ask if they want us to go in with them or not, they have that choice and know we're here to support if they want it."
- The provider learned from new initiatives and guidelines to support people to live healthier, for example in response to new oral hygiene guidelines staff checked that all people were registered with a dentist and all people had a dentist appointment arranged. One person had some dental work following this and the registered manager had bought a pair of false teeth to demonstrate good teeth brushing in the next house meetings.

# 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. At this inspection this key question changed to Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff continued to have a caring approach, persevering attitude and focus on the promotion of independence, staff continued to support people to exceed their goals and gain confidence to live independently. People had goals to maintain and increase their independence, such as accessing education, doing voluntary or paid work, increasing their social activity, road safety, travelling on public transport independently and money management. Staff showed a lot of pride in seeing people flourishing and growing as people.
- People and staff reviewed these goals together by talking, writing progress notes and reviewing how to meet the person's target date they had set for themselves to achieve the goal by. As an example, a person had a plan for maintaining and increasing their social life, it described how the person goes to music club weekly, visited family on weekends, visited their girlfriend and friends and going to their favourite nightclub. A person said, "I want to have my own flat but here I learn the skills I need, using a washing machine, tumble dryer, washing up. I never cooked before, but I make hot meals and baking now for me and my housemates. Staff helps us do new things, learn new things. I have a paid job now, I love it."
- Staff told us consistently that maintaining and increasing independence by learning new skills or increasing their confidence was a key part of their roles. A support worker said, "We promote independence, it's a big part of what we do, we take a step back and encourage people to do things themselves, we spot where a person needs support and work together to look at what can improve and talk through how we can do that across our team but most importantly with the person."
- Another support worker said, "Our aim is to get people confident, independent and skilled up, so they can move on and progress or continue and achieve new goals. My biggest achievement was the part I played in working with a person and then seeing them move in to their own flat, we helped find a flat and built up their skills like travel training and cooking. I got such a good sense of achievement that they could do that. Some people when they first move in might not do much for themselves, for example one person can now travel independently or goes shopping and didn't have confidence or skills to do either before."
- We observed that people were treated with respect and dignity and their privacy was upheld. A support worker said, "One or two people need some support or prompting to maintain their dignity and wear appropriate clothes for the weather." A support worker told us, "People can entertain guests in their room, they know that when they shut their door that's their private time, if they're not at home but we need to go in to their room we'll call them to ask. We keep their documents private or they keep documents locked in their room."

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

- Staff knew people well, were kind and approachable and adapted their approach to meet peoples' needs and preferences. We observed that people were relaxed and comfortable in the presence of staff and that the house we visited felt homely. A relative said, "Staff are pleasant and supportive, [Person] loves living there, it's ideal for [Person]."
- People gave us positive feedback about staff. A person said, "They're [Staff] are good, they're caring." Another person told us, "Staff are kind, they do a really good job, [registered manager] helps so much, I have ups and downs, they [staff] help me through it, we do taking time out like we'll go for a walk, talk about things, they get me through it those days."
- The service continued to have a strong, visible person-centred culture and was exceptional at helping people to express their views. Staff offered care and support that was kind, compassionate, and respectful of individuality. People's rights were protected, and staff respected people's choices and diverse needs. Staff were trained in equality and diversity and were supported by the provider's equality, diversity and human rights policy.
- The provider had an aim to match staff to people that have similar interests and training that reflected the person's needs and preferences. Staff were allocated to people they had a positive rapport with. We reviewed compliment records, compliments were viewed such as, "staff do a grand job", "staff treat the people as adults with dignity" and "[Person] really does have a great life in your care".

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

- People continued to be at the heart of the service and their independence was actively promoted. Staff's approach and the ethos of the service continued to place emphasis on developing skills and confidence. People and appropriate relatives were involved in making decisions about their care and developing the support plans. Records confirmed this.
- We observed that staff provided people with choice and control in the way their care was delivered and in how they spent their day and planned their time. Staff were committed to ensuring people remained in control and received support that centred on them as an individual. People were empowered to make their own decisions, we observed people being given a variety of choices of what they would like to do and where they would like to spend time.
- People were supported to transition from another service to this provider's service. Staff demonstrated compassion and empathy for a person moving to the service and recognised transitioning from another service, hospital, their own home or family home can be a daunting time. People were given time to visit, consider and express their view before moving in to the home. When needed, staff had supported people to transition with short notice.

## Is the service responsive?

### Our findings

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

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them including in the wider community such as theatre groups, horse riding, journalism, church club, disco and nightclubs, shopping and going to the cinema. A person told us, "I'm going to work today but my favourite things are seeing my girlfriend, my friends and I like going out, I go to a nightclub and disco." People volunteered at local farms, charities, libraries and another person was doing part time paid work. One person who volunteered at a charity shop told us that the goal was to get paid work and that a volunteer job helped them learn about work and having a job. People were supported to access education opportunities to learn new life skills or pursue an interest, for example one person did a mechanics course because they had an interest in cars and trains.
- People were supported to go on holiday with friends, partners or support workers. One person had not been on holiday until they moved to the service, they told us, "I went on holiday for the first time, I've never done that before, I went to Butlins with everyone which was great and interesting because I'd never been on holiday before, I went to a hotel with [Support worker], we had a girly shopping day and went around the town, that was great." Staff told us that when the person moved in they missed the deadline to go on the Butlins trip, but staff went above and beyond by arranging for the person to join the group, access a welfare fund through the provider's charity and experience a holiday for the first time. A relative said, "[Person] goes on holiday with staff and girlfriend, they're now able to use buses and go to the gym on their own."
- Where people had needs around their mental health and emotional wellbeing, staff were supported by a plan that was developed with the person with input from community mental health professionals where appropriate. For example, one person had a behavioural support guideline for anxiety. Staff were guided by what the person said worked for them such as taking part in a meaningful activity, taking time out with a staff member and to promote trust by explaining appointments and for staff to try their best to not change routines or plans as this supported the person to feel settled.
- People's rooms were personalised to reflect people's interests and decoration choices. A relative told us, "The house is homely, very cosy." People were supported to present themselves in accordance with their wishes for grooming or clothing. A relative told us, "Staff support [Person] to clean their teeth in the evening and remind them about shaving. It's in their care plan so staff know to do it."
- People were encouraged to maintain relationships with people that matter to them, to socialise and make new friends. Support plans recorded who was important to each person. People were supported to have friendships within and across the supported living houses. People who enjoyed each other's company at

home or out in the community were encouraged and supported by staff. A person who had a goal to meet new people recorded in their support plan told us, "I meet new people, friends and be with the people I live with. I love hanging out with my housemates, we watch movies."

- People were supported to meet new people and have romantic relationships if they wanted this. Two people had completed a 12-week relationship course to learn about this aspect of life. A person said, "I like my friends here, I like hanging out with people in this house and I have a girlfriend who lives in different town, staff take me in the car to see her, I arrange things with staff, let them know the date and time." People were able to have visitors without restriction, a relative told us, "I visit two to three times a week, I can pop in and out."

#### 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 the staff that support them.

- People's communication needs were assessed and accommodated. Staff understood each person's communication needs well. A person said, "Staff help me read letters and do appointments like for the dentist."
- People had access to mobile phones or tablet devices to maintain relationships with people that were important to them, aid communication and maintain their independence. We observed people using these devices during our visit.
- The provider adapted important documents, such as a complaints policy, to be more accessible. Adapted documents used pictures, symbols and photos of staff. Complaints and safeguarding information made it clear how people can speak to the chief executive of the company, the police, local authority or the Care Quality Commission.

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

- We looked at complaint's records, two complaints had been received since the last inspection. Records showed that the provider looked at complaints made by people or their relatives promptly and carefully. The provider monitored, reviewed and analysed all information received about the service as a means of continuously reviewing performance, quality and safety.
- Staff told us they would support people to make a complaint. Records showed that where a person made a complaint, staff would investigate and provide a summary report for the person which the person would read through and sign if they agreed with the summary and the agreed actions.
- A version of the complaints policy was accessible with pictures, symbols and photos of staff people can talk to you about concerns or complaints.
- A relative told us that when they have raised issues these have been dealt with, they told us, "I know which staff to talk to if there are any issues. I haven't needed to for a long time, on been minor things, staff have always had a response and explain what they've done. For example, there are some staff my relative responds to better, has a better relationship with, [Person] and I talked to staff about that, so from then on they allocate staff that [Person] has a good rapport with."

#### End of life care and support

- At the time of the inspection no-one was receiving end of life care. Where people agreed to speak to staff about their wishes and preferences, this was recorded so this information was available if needed.

# 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 remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider sought feedback from staff, visitors, relatives and people that used the service, this feedback was used to involve people and staff in the service. The survey responses from relatives and visiting professionals was consistently positive. A relative told us, "There's been a survey within the last year but also I visit often and have good communication with staff."
- People had many opportunities to give feedback. Each house had a house meeting and a forum meeting was held for people from both houses and the self-contained flat. The provider sent out a survey to people to give their feedback, people were offered support from a trustee who was independent of the service to complete the survey.
- People made a magazine about their life and activities at the service, one person we spoke to had been making the magazine on the day of our visit, they said, "This afternoon we did journalism, we have a magazine, it's for everybody."
- Staff gave feedback through annual surveys. We reviewed the results from the most recent survey, comments were consistently positive about topics such as training, that staff knew what action to take in an emergency and that staff said they could raise a concern without fear of recrimination. Staff attended team meetings and staff were supported with their continual, professional development by the provider. The service was committed to ensuring equality of opportunity and fairness to its staff.
- Staff told us they felt listened to and took pride in their work. The service was staffed by a well-established staff group. A support worker told us, "I love it here, really enjoy my work. We're a good team, we look out for each other, we're flexible and help each other." The registered manager said, "I'm very grateful for our staff, they're so committed and do a fantastic job."

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

- There was a positive culture that was person-centred, people were supported to be independent and to have opportunities to live a full life, ensuring the support needed was led by the person. Staff demonstrated these person-centered values and took pride in their work and showed commitment to supporting people to achieve good outcomes.
- The management team, such as the registered manager and team leaders acted as role models, working alongside staff to support people daily.



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

- The registered manager understood duty of candour, they told us, "Everyone makes mistakes, the important thing is to learn from them. It's much better if something's gone wrong to be transparent and open, that's how we improve, that's how we get better and learn. We share with other agencies and speak to other professionals for advice and support."
- A relative confirmed that they were kept informed, they told us, "They'll either ring or text whenever there's anything I need to know, there's good two-way conversation between me and staff, over the years we've built a good relationship." Another relative said, "Staff are pleasant and supportive, [Person] loves living there, I have regular contact with staff, staff are very open and engage with me, I can express any concerns I have and they're open."
- Notifications that the registered manager was required to send to CQC by law had been completed. The latest rating for the service was displayed. The registered manager had made a CQC folder so that all staff could access information and guidance about notifications and information needed by CQC inspectors to support staff in the absence of the registered manager.
- Staff were clear about the expectations and responsibilities of their roles, and the structure of their teams and organisation. People and relatives knew the staff and knew the registered manager.

Continuous learning and improving care;

- A range of audits continued to measure and monitor the service overall. There was an on-going checking system that audited areas such as health and safety, risk assessments and support plans. The registered manager told us they benefitted from an external quality assurance annual audit and audits carried out by the charity's trustees that looked at specific areas such as safeguarding.
- Audits were effective in identifying issues and improving care. For example, following the most recent external audit a shortfall was found in protocols for 'as and when needed' (PRN) medicines. Management staff made improvements to the protocols and these were seen at the inspection.

Working in partnership with others

- Records showed that people had access to a range of health and social care professionals as and when they wanted or needed and were supported to access regular appointments for long term conditions and reviews.