

Strada Care Ltd

Strada Care

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

At the time of the inspection Strada Care provided personal care for 19 people with physical support needs, learning disabilities and/or autism in supported living settings, so that they could live in their own home as independently as possible. People lived in accommodation where they shared communal areas of their homes with others and could access support from staff throughout the day and night.

People's care and housing were provided under separate contractual agreements. Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support. Not everyone who used the service received 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

People and their relatives felt staff could recognise and act on any concerns and supported people to stay well and free of avoidable harm. Staff knew people and their individual needs well.

There were enough staff to provide people with support as per their individual needs. The provider addressed any workforce pressures and implemented contingency plans to address those. Staff were trained and competent to support people. Where people needed help to take their medicines, support was provided safely. New staff were recruited safely.

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.

People's support plans were person-centred, respectful to their own life stories, preferences, wishes, identities and goals. They included clear guidance for staff on how to best support them around their physical and emotional health and how to communicate effectively. People were supported to access healthcare, social care and community services when needed and this was done in a timely way.

People received appropriate support to take care of their homes, prepare meals and to go out when they wished to do so. Staff supported people in a very challenging time when a lot of opportunities were limited by the COVID-19 pandemic and the national guidance on how to stay safe. However, people's relatives told us staff strived to support people to have a meaningful, happy life despite those challenges.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

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

Right support:

- Model of care and setting maximised people's choice, control and independence

People were supported to live in their own homes with others who had been important to them throughout their lives or when they required specialist support to work on improving their independence. Although the design and location of some of people's homes posed some difficulties to fully adhere to this guidance, the provider had ensured people were not affected and continued to review the model of support. This was as some people's homes were similar in the design and day to day running to a care home environment.

However, the provider mitigated the impact on people by ensuring people received personalised support. We saw people were enabled to live in their own homes, to go out and be as independent as possible whilst previously they might have lived in healthcare settings due to their complex needs.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights

People and their relatives told us staff were respectful, caring and understanding around people's individual emotional and physical needs. Staff treated people with dignity and respected their human rights. For example, they actively promoted people's right to family life and helped them to maintain relationships important to them.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives

The registered manager and team leaders knew people well and created a positive culture where people were recognised as individuals and their representatives were involved and listened to as well. The provider continued to review how they supported people and what could be improved to ensure people led the lives they wanted and were safe.

The registered manager was supported by team leaders. The management team reviewed quality and safety of the support provided to people and supported the staff team on a day to day basis. Where improvement actions were identified, this was discussed and remedied. The provider worked effectively with other healthcare, social care and community services so people received timely, joined-up support.

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

Rating at last inspection

This service was registered with us on 8 April 2021 and this is the first inspection since a change of the registered address.

The last rating for this service under the previous address was good (published 26 November 2019).

Why we inspected

The inspection was prompted in part due to information we received from the provider via a CQC direct monitoring call around risk management and the model of the service; and in part as the service was unrated since the change in its registered office address. A decision was made for us to inspect and examine those risks.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Strada Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

We gave 24 hours' notice of the inspection because some of the people using the service could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before the inspection

We reviewed information we had received about the service since the change in registration. We used information gathered from the service during monitoring calls. This included information provided by the registered manager and feedback from five relatives, an independent advocate and three staff members. The provider was not asked to complete a provider information return prior to this inspection. 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 of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and eight relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, team leaders and support workers. We received feedback from one healthcare professional working with the service. We visited people in their own home and observed care and support provided to people to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at three staff files in relation to recruitment, staff supervision and training. 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 additional quality assurance and mental capacity records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with staff. One person said, "I feel safe, of course." A relative of a person told us, "I would definitely say it is safe."
- Staff received training and support to be able to recognise when people might have been at risk of abuse or neglect. Staff also knew how to act on any concerns and how to report them. One staff member said, "Inform the manager first: It depends on the scenario. If the manager is involved, then I would report to external bodies. You can ring the police as well if it is a serious safeguarding." Another staff member said, "If there is anything to report – you have external bodies - CQC, the council, social services."
- Staff were aware using any form of restraint or restrictive practice when supporting people in distress could be unlawful and a safeguarding matter. Hence, they explained to us although they received training, they would not restrain people but would support them in line with their individual plans in the least restrictive way possible, for example by diverting them or distracting.
- The provider had robust safeguarding and whistleblowing policies in place. Staff also told us they had leaflets with key safeguarding contacts which included anonymous whistleblowing telephone line which enabled them to report any concerns and they felt supported to do so by their managers.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm and received support to keep safe and well and take positive risks. People's relatives confirmed that, one said, "They do know [person], they are very good and understand all that (the risks)."
- Staff knew people and their individual needs and risks very well. For example, a staff member explained how they supported one person to keep safe at home, "[Person] is very independent and has [sight impairment]. When they open their bedroom door, we put yellow and black tape on the step so they can see it. We put handrails on the stairs so they can hold onto them. We don't have a small coffee table because they could fall over."
- People had individual care plans and risk assessments in place around day to day living activities, as well as specific health conditions. For example, where people lived with epilepsy, risk assessments and support plans were in place which explained what type of seizures they experienced, what could trigger them and how to recognise early signs of a seizure. The plans also included how to support them and when they would require emergency medicine. Some people had specialist equipment in place, so staff could be alerted and help them quickly if they experienced a seizure. Staff received appropriate specialist training in epilepsy.
- People's individual risks were monitored and addressed promptly so they received timely support to keep well. For example, there were clear plans in place on how to support people around their emotional needs, to keep safe when with others or when going out, around their personal care, risk of choking, or risk of

constipation.

Staffing and recruitment

- People and their relatives told us overall there were enough staff to ensure people received the support they needed. One person said, "I don't have to wait. There's someone here." A relative confirmed that, "We think [person] gets the support they need." Many staff members had supported people for a long time and knew them very well.
- The provider faced some challenges to recruit new staff. They implemented a range of actions to ensure the staff team was large enough and suitably skilled to provide continuity of support for people. For example, they enabled staff to use taxis from the local station to reach people's homes and they implemented a range of contingency actions to make sure staff were always available and any last minute cancellations did not impact on people's safety.
- Staff and people's relatives were aware of the current challenges and commented the provider did whatever was in their power to ensure there were enough staff to support people. One staff member said even if permanent staff were not available, managers would ensure temporary staff were deployed, "[Managers] do try. They do get agencies." Another staff member said, "Usually there's enough staff."
- The registered manager explained to us on occasions they had to consult with people and re-arrange the plans for the day due to unforeseen changes in staff availability, but they always ensured impact on people was minimised and people were safe. A relative of a person supported confirmed this, "With the problems with the virus, they seem to have weathered that particular storm reasonably well with staffing levels." Another relative said, "We visit regularly, we see the staff, there is enough staff, no complaints."
- The provider had safe recruitment systems in place. New staff members underwent comprehensive checks including criminal record checks, references checks and an interview. The provider assured themselves candidates were suitable to work with people prior to employing them.

Using medicines safely

- People and their relatives told us they received support with their medicines safely and as they wanted it. One relative said about how staff supported their loved one with their medicines, "They do it all very well." A staff member confirmed this, "We tell [person] what the medication is for. We explain why they are having it."
- The provider implemented safe systems to manage medicines. Staff recorded when they supported people to take their medicines. They also had access to appropriate clear guidance from prescribers and received training and competency checks regularly. One staff member said, "I've had medication training and the competency check. I check the person and what they need. I explain to them if they ask."
- Safe management of medicines was discussed with staff by team leaders and regular audits and checks were undertaken. One team leader told us, "We always discuss it. We have also discussed about not getting interrupted when giving medicines." Where people used specific medicines, for example patches or 'when required' medicines, there was clear guidance on how to recognise they may need it, how to enable them to take it and how to monitor if it worked.
- The registered manager explained to us how they worked with the multidisciplinary team to reduce any medicines prescribed for people when they got distressed and how they successfully managed to decrease the need for them by supporting people in a different way. We saw people's medicine records and support plans confirmed this was the case. This was in line with the national best practice guidance for supporting people with learning disabilities and/or autism.

Preventing and controlling infection

- People were protected from the spread of infections. On the day of the inspection we observed not all staff wore face masks when socially distanced with people in communal areas of people's home. We raised this with the registered manager who immediately clarified with staff the expectations and supported them to

address any of the issues raised around people's reactions to face masks being worn. We received assurances on how this will be monitored on an ongoing basis, so staff adhered to the national guidance at all times. There was no impact on people due to other mitigations in place such as social distancing, ventilation, regular testing and vaccinations.

- One relative told us how staff maintained good infection control and prevention (IPC), "They have been very careful, they test regularly. When we go to visit, we have to wear a mask." They also explained how visits in the home and trips out were safely supported by staff throughout the pandemic. People's relatives told us staff always wore face masks, as well as gloves and aprons for some tasks when required.
- Staff told us they received the training and support they required to follow good IPC practice. One staff member said, "We had PPE training." Team leaders took part in the 'train the trainer' course and supported staff in each of the people's homes. Another staff member told us, "The management are well supportive, they make sure when it comes to PPE we have the right equipment for the job, on a daily basis we wear gloves, apron, face masks and make sure we wash and sanitise our hands on a regular basis."
- Staff were praised by other healthcare professionals on how they supported people during the pandemic to stay safe. One healthcare professional working regularly with the service said, "They have been doing amazing in very challenging times in COVID, they are doing really well, really tough for all of them. I have nothing bad to say about them, only good things to say."

Learning lessons when things go wrong

- The registered manager analysed incidents and accidents quarterly and addressed any lessons learned. For example, they stated they had learned through the year and introduced 'reflective accounts' as part of staff supervisions so staff work "was not automated." The registered manager explained to us, "[Staff] choose what they reflect on and it is discussed in their 'one to one' (supervision). This way they take ownership of their personal development and reflect on certain things, policy is coming to life because you have a situation to refer it to. It worked well with the teams." The registered manager explained this prompted staff to think in a more person-centred way and to suggest ways to support people which could be implemented to improve their safety and quality of life.
- The registered manager investigated any safeguarding concerns and incidents and ensured follow up action was taken to protect people and lessons were learned. For example, following one of the concerns it was identified the team should have asked for support where they lacked skills and should have communicated with the person's relatives more regularly. This led to the introduction of monthly updates for the family and quarterly virtual relatives' meetings. It also prompted staff to review how and when they referred people for support from other health and social care professionals and not to accept responsibility for the support tasks without appropriate training.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider assessed people's needs and preferences prior to offering them support and worked in a multidisciplinary way with people's representatives, their families and other health and social care professionals to ensure people received the support they needed.
- People's life story and relationships important to them were also considered. This enabled people to live an ordinary life in their own homes whilst also receiving support meeting their specific needs. People's support plans confirmed this.
- The provider continuously reviewed the model and design of the service and worked to meet the updated 'Right Support, Right Care, Right Culture' guidance. This was because the service set up was similar to a residential care home in some aspects of the environment and day to day organisation of support. The provider worked on improving how they recorded consultation with people and their representatives on who they lived with and what support they received. They also ensured support was provided in an individualised way and if people shared aspects of their lives, this was done to support them and not the day to day running of the service itself.
- Although these were improvement needs, we discussed with the provider during the inspection, it was clear the overall model of the service enabled people to receive individualised support in the community and minimised any restrictions they experienced due to their support needs. This brought good outcomes for people and was in line with the principles of the guidance.
- People received support in line with the best practice national guidance on reducing use of restrictive practices and antipsychotic medicines to support them, as well as enabling equal access to healthcare services. The service was inclusive and treated each person as an individual, supporting them to reach their goals and to improve their independence.

Staff support: induction, training, skills and experience

- People and their relatives told us staff knew how to support them and had the right skills to do so. Staff confirmed they received training appropriate to their roles. One staff member said of the training they received, "It's very good. I've been on lots of training courses." Another staff member told us, "We normally do our training on a regular basis so we make sure we perform."
- New staff members completed induction training and worked alongside more experienced senior members of staff to ensure they were able to support people well. One staff member said, "I had an induction. It was for six months. I did shadowing (working alongside another staff member) for two weeks." Staff also completed specialist training to be able to support people around their individual risks, for example around epilepsy, learning disabilities and autism, skin care or diabetes.
- Staff were supported by their managers. One staff member told us, "I have supervisions all the time. There

is good support from [team leader] and [the registered manager] is always there when you need her."

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

- People received support to plan and prepare their meals. One person said, "I like cooking. I help with the cooking. I like the food. I say what I want to eat, and I help."
- Staff supported people to choose what they wanted to eat and to do shopping and prepare meals at home. One staff member explained, "We have a menu and then we have a system to decide and choose. We will ask [person] what they fancy eating for lunch. We ask them 'do you want anything else?' rather than just saying that we are having meat." Another staff member explained how they encouraged people to choose what they wanted, "We do have pictures of different meals and show it and we know their likes and dislikes. We always offer something different."
- People had ongoing access to drinks and snacks and independence was encouraged by staff. For example, we observed people accessing their kitchen and choosing snacks and drinks to have. Staff ensured people were supported around food safety and there were clear plans in place on how to protect people from eating food that could harm them. People had healthy eating plans and were supported to regularly check their weight and contact their GP if they needed further support.

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

- Staff worked well with other health and social care professionals and knew how to support people to access them when needed. One relative explained how staff supported their loved ones around complex health needs when the person had to go to hospital, "It was successful and [staff] took them in and looked after them. They managed really well. They are very good at phoning the GP, sometimes the doctor will come out or see them via a phone call. Any problem, coughs and colds including, they always check [person] was ok."
- Staff knew how to recognise when people might have been unwell and what to do. One staff member said, "I ring the team leader and ask for advice. I would ring 111. I rang the emergency services on 999 one time and then I rung the manager." People had clear support plans in place around their health conditions and how to recognise they might have deteriorated which guided staff how to contact the relevant healthcare professional.
- Staff worked closely with the local learning disability hub which enabled them to address any changing needs effectively and promptly. One healthcare professional working with the service commented how staff worked well in cooperation with a person's GP to make a plan on how to support them around COVID-19 vaccinations in their best interests. They also said, "I speak to [team leader] regularly and she knows [people] very well, any concerns are raised quiet promptly, they let the surgery and myself know."
- People were supported by their GPs, community nurses, specialist consultants, specialist learning disability and autism services and other professionals when required. People had clear hospital passports in place and their care plans detailed any involvement from healthcare professionals they required on an ongoing basis. Staff were aware of those needs and supported people to coordinate their healthcare and to address any recommendations.

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.

- People were supported in line with the MCA. People's care plans included some records of mental capacity assessments and best interest decisions made around their support and healthcare. However, we discussed with the registered manager the records did not always accurately reflect people's capacity to make specific decisions and how and by whom best interests decisions were made. People still received support in the a least restrictive possible way and the registered manager already took action to improve records after the monitoring call and continued to address our feedback following the inspection. We will check the progress on our next inspection.
- The registered manager worked effectively with people's representatives, social services and other professionals around any mental capacity assessments and best interests decisions when people lacked capacity to make specific choices.
- Staff were trained in how to support people around making their own choices and what to do should they lack capacity to make a specific decision. One staff member said, "Every individual is deemed to have capacity unless proven otherwise. We should not make choices for the client, unless where they have been proven incapacitated, then we make sure everything is in their best interests."
- Staff supported people in least restrictive ways and were aware any deprivations of liberty required an appropriate authorisation and people's liberties had to be protected. One staff member said, "Let's say you want to restrict a client, you can't do that. You need to make sure the local authority and GP and advocate and social worker decide." Another staff member said, "Understanding the capacity of someone is important. Do they have the capacity for something in particular? You try to minimise the restrictions placed on the person."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives felt staff were kind, caring and understanding. One person said, "They're kind here." A relative said, "[Staff] are very kind, very caring."
- People's relatives told us staff were compassionate and gentle when supporting people and tried to understand their needs even if people could not verbalise how they felt. One relative said, "They seem very attentive and [person] is happy. [Person] had trouble sleeping but they sorted it out. We are very pleased, they know [person] inside out, are very caring and helpful, very affectionate to her, they know all about [person's] problems."
- We observed numerous examples of staff gently guiding people and reassuring them on the day of the inspection. For example, when one person was showing signs of distress, staff spoke to them in a kind manner and offered their hand which appeared to reassure the person who sat down and engaged in further conversation with the staff member.

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

- Staff understood how to involve people and to ensure they had control of their day to day support. One staff member said, "People have a choice. People should have their input." We observed staff supported people in a way which was led by their verbal and non-verbal communication on the day of the inspection. People's care plans included comments on how to ensure people were given the dignity and freedom around their home but staff were still available should they need support.
- Staff engaged with people's representatives where people could not fully express their views and included observations of people's reactions to support to ensure people's wishes were included. One staff member said, "I talk to the relatives all the time. When I wrote the care instructions, I sat with the staff as well. I ask them about things such as brushing teeth, how long it takes and how they like to do it."
- People's relatives confirmed they felt staff involved them in people's care where appropriate and they were listened to when they were advocating on behalf of their loved ones. One relative said, "The team leader is excellent at keeping in touch." People were also supported by independent advocates to ensure their care and support were meeting their wishes, needs and were in line with their best interests where they could not decide themselves.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected them and their home. One person said, "They are always polite, respectful. Of course, they ask and knock before they come." A staff member confirmed this, "Respect and privacy is very important. You knock on the door."
- Staff supported people to be as independent as possible. One staff member said, "We do [encourage

people] as much as we can. You try to encourage [person] and they are becoming as independent as possible." Another staff member said, "Wherever possible we try to improve their independence. [Person's] socks, they can't always pull them up. We remind them to do it and encourage them not to rush and tell them that the breakfast will wait."

- People's care plans clearly described which day to day tasks people could do themselves, which ones they were working on improving and how to support them to reach their goals. A relative confirmed this was how people were supported, "[Person] is very intelligent. [Staff] are aware of their abilities and capabilities; and care about them well."

Is the service responsive?

Our findings

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

- People's care was planned in a person-centred way and assessments included their wishes, preferences, life stories as well as specific health and emotional support needs. People were also asked about their cultural, religious needs; their sexuality and relationships important to them. One person told us, "I can be myself."
- People's relatives told us staff provided support with good understanding of people's individual personalities and needs. One relative said, "[Staff] are angels that do this job, they are special people, never caused us problem, look after [person] as if she was their mum, so gentle. [Staff] had been absolutely with her, they feel her pain as well, really look after her, we are so lucky have these people behind her."
- We observed people received personalised care provided by staff who knew them and their emotional support needs well. Staff confirmed they took time to learn about people. One staff member said, "Every individual is different. I have read the support plans." Another staff member said, "You need to make sure the client is at the centre of the care activities."
- For example, we observed staff member spoke in a comforting and reassuring manner when they did not immediately understand what a person had said when calling out. They asked the person if they were okay using their name. The person passed a sheet of paper to staff member asking them to fold it. They did what the person asked for, the person appeared calm and smiled. When we asked the person about their support, they said "[Person's name] is happy.", they also sung in a happy tone and smiled.

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.

- People's individual communication needs were clearly addressed in their communication care plans and staff explored how to best communicate with people. One staff member said, "We check pictures, care plans and speak to parents."
- People's care plans detailed how people showed or verbalised when they were happy, bored, anxious, frightened or angry. We observed staff knew well how people communicated and were able to support them effectively. For example, when one person was engaging with a book, staff member made sure they communicated throughout when looking at it with them.
- One person was observed using technology to communicate, to browse the internet and attend online groups such as book club. They also used their tablet device to attend virtual church services in the pandemic.

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 go out and do what they wanted despite various restrictions during the COVID-19 pandemic. One person said, "I can go where I want." The person described how staff supported them to

go for gardening, to visit church or local groups. They were also very proud of taking part in a drama club. Other people enjoyed trips out in the car, to the local cafes and for meals out. People were also supported to go out with their loved ones and visit them safely.

- People's hobbies and interests were described in their care plans and staff supported them to do what they liked. For example, a person who was said to like to do puzzles, was supported on the day by a staff member to complete a picture. The staff member told us, "We encourage activities. That's why I like this job." Another staff member said, "We will go out for walks and we walk around in the grounds. We want them to be independent. We recently had a sensory light show. We did on the 22 December, so it felt like Christmas." For many people Christmas was a very important time in the year to celebrate as per their support plans.

- People were supported to keep in touch with their loved ones and to maintain relationships important to them. One staff member told us, "[Person's] mum facetimes them every week. I take the phone to him." A relative of a person explained to us how staff worked with others to set up regular contact and support visits with an elderly relative of one of the people which was very important for the family, especially in the COVID-19 pandemic.

- People's relatives told us overall due to staffing being recently improved and COVID-19 restrictions easing there was more flexibility for people to go out. Staff were supporting people to do what they liked and to go out within restrictions at the time of the inspection or supported with accessing online equivalents of groups they joined prior to the pandemic. A relative said, "I think as far as they can with present restrictions, they do support. They are not able to do things so much but they have really made an effort to find other things for [person]."

Improving care quality in response to complaints or concerns

- The provider had a clear complaints management policy and systems to record, investigate and respond to complaints and any other feedback. There were no formal complaints raised with the registered manager since changes in registration.

- People and their relatives knew how to raise any complaints or queries and felt listened to. For example, one relative told us how they contacted a team leader around a query they had on staff allocation and they were happy with assurances received from staff.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were supported by the team of staff and managers who promoted an inclusive and positive culture. One staff member commented, "We have a good relationship with the manager. I would say there is good teamwork. We went through the pandemic and we are still here. I love coming to work."
- People's relatives told us despite the challenges of the pandemic, staff strived to provide people with good support. One relative said, "[Staff] are amazing; how they kept going through COVID, looked after [person] as much as they can. [Person] is happy, likes living there." Another relative said, "[Person] always looked healthy and good, seemed to be happy and engaging, did not seem unduly distressed."
- Staff created an empowering culture which enabled people to achieve their goals and improved their quality of life. For example, one person required support and received it during the pandemic from Strada Care staff and their relatives commented how it affected them, "They are meeting [person's] needs without doubt. They are a lot better now as they received a lot more attention, care and love. [Person] is very independent, does not cooperate very well but they treat them very well." The family and staff explained this enabled the person to set goals for themselves, to work towards achieving them and becoming more independent and to improve their personal relationships.

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

- The registered manager was supported by team leaders to monitor the quality and safety of the service. A range of spot checks and audits were carried out, for example around infection prevention and control, health and safety, support with medicines and people's care records. Where actions were identified, the registered manager worked with the team on addressing them. We addressed with the registered manager the records of completion of these actions were not always fully followed up on and the registered manager addressed our feedback. We saw evidence those actions were in progress or completed so it did not impact on people.
- The registered manager continuously reviewed the service and implemented some improvement actions in the last year. For example, a new electronic system for care records was implemented which enabled managers to monitor the quality and safety of care more effectively. This enabled them to address any concerns in real time and take action straight away to rectify any issues.
- People's relatives commented positively on the changes to the service made by the registered manager. One relative said in the provider's quality survey, "Overall, I feel the care and support has improved a great deal over the past few years and now seems to be consistent and stable which is most suitable for [people]"

and their needs."

- Staff received support around quality performance and how to fulfil their roles in line with regulatory requirements. One staff member said, "My last supervision was in December. I am on QCF Level 4 course at the moment (nationally recognised qualification framework for staff in social care). I can definitely talk about any issues. [The registered manager] shares her wealth of experience." Another staff member said, "I feel very supported. I can go to [registered manager] with anything, staffing issues or personally. If I'm undecided, I can ring her anytime."
- The registered manager was aware of their responsibilities to inform CQC about any significant events as prescribed in the relevant regulations and had done so.

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

- People and their relatives felt involved and they thought the culture of the service was open and transparent. One relative told us, "They hold regular meetings for parents and relatives and advocates, any concerns, I raise them then and they are dealt with."
- The provider was aware of their responsibilities under the duty of candour. One relative said, "I directly contact [team leader]. It is two-way process, they are transparent and open, and I feel from the conversations they have [person's] best interest at heart."
- Staff felt engaged, supported and listened to by managers. One staff member said, "We have staff meetings. We normally have meetings with the team leader or manager." Another staff member commented, ""We can make suggestions and then they will think about it. They would listen. They don't have a choice if it's for the [people's] wellbeing."
- Staff effectively worked in partnership with healthcare, social care and community partners to provide joined-up support to people. For example, team leaders worked closely with the local learning disability healthcare hub, day centres and clubs, social services and health professionals. One healthcare professional said, "I speak to [team leader] every week, we chat quite regularly, and we have quite a nice relationship. My impression is that she is very thorough and good and really cares about (people), acts quite promptly."