

# Clervaux Trust Limited

# Clervaux Trust

## 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 

## Overall summary

The inspection took place on 27 October 2015. The inspection was unannounced.

Clervaux Trust, Abbey Road is a residential care home for up to three people based in Darlington, County Durham. The home provides care to people with learning disabilities and autism. It is situated close to the town centre, close to local amenities and transport links. On the day of our inspection there were two people using the service.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with a range of different staff members; A trustee, the administrator, care staff and senior staff who told us that the registered manager was always available and approachable. Throughout the day we saw one of the people who used the service and staff were comfortable and relaxed with the registered manager and

# Summary of findings

each other. The atmosphere was relaxed and we saw that staff interacted with each other and the people who used the service in a very encouraging, friendly, positive and respectful manner.

From looking at people's care plans we saw they were written in plain English and in a person-centred way and made good use of pictures, personal history and described individuals' care, treatment, wellbeing and support needs. These were regularly reviewed and updated by the care staff and the registered manager.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP, mental health team and care manager.

Our observations during the inspection showed us that people who use the service were supported by sufficient numbers of staff to meet their individual needs and wishes.

Staff were attending safeguarding training when we carried out our inspection. When we looked at the staff training records we could see staff were supported and able to maintain and develop their skills through training and development opportunities. The staff we spoke with confirmed they attended a range of learning opportunities. They told us they had regular supervisions with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs. We also viewed records that showed us there were robust recruitment processes in place.

We were unable to observe how the service administered medicines on the day of our inspection but we were able to establish how they stored and managed them safely. We looked at how records were kept and spoke with the registered manager about how staff were trained to administer medication and we found that the medication administering process was safe.

During the inspection it was evident that the staff had a good rapport with the people who used the service and we were able to observe the positive interactions that took place. The staff were caring, positive, encouraging and attentive when communicating and supporting people.

People were being encouraged to participate in activities that were educational, personalised and meaningful to them. For example, we saw staff spending time engaging with people on a one-to-one basis on activities in the service and we saw evidence of other activities such as hobbies and crafts and people were being supported regularly to play an active role in their local community both supported and independently.

We saw that the service focused particularly on supporting the people who use the service to have a healthy organic diet. The daily menu that we saw was devised with the people who used the service and incorporated the Clervaux Trust's 'seed 2 table' ethos where people who used the service were trained to grow, harvest and prepare organic and biodynamic food.

We saw a complaints procedure that was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services and safeguarding contact details if they needed it.

We found that the service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service; their representatives were regularly asked for their views at house meetings.

At the time of our inspection there was no one who used the service receiving personal care, but we could see that good care planning was in place and positive independent personal care was promoted.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

This service was safe.

There were sufficient staff to cover the and the needs of the people safely.

People's rights were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

People who used the service knew how to disclose safeguarding concerns and staff knew what to do when concerns were raised and they followed effective policies and procedures.

Medicines were managed, reviewed and stored safely.

Good



### Is the service effective?

This service was effective.

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Staff were regularly supervised and appropriately trained. They had the skills and knowledge to meet people's needs, preferences and lifestyle choices.

Good



### Is the service caring?

This service was caring.

People were treated with kindness and compassion and their dignity was respected.

People who use the service had access to advocacy services to represent them.

People were understood and had their individual needs met, including needs around social inclusion, education and wellbeing.

Staff showed concern for people's wellbeing. People had the privacy they needed and were treated with dignity and respect at all times

Good



### Is the service responsive?

This service was responsive.

People received care and support in accordance with their preferences, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

People had access to education, activities and outings, that were important and relevant to them and they were protected from social isolation.

Care plans reflected people's current individual needs, choices and preferences.

Good



### Is the service well-led?

This service was well led.

Good



# Summary of findings

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included healthy lifestyles, community involvement, education, compassion, dignity, respect, equality and independence, which were understood by all staff.

There were effective quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents, safeguarding, complaints/concerns that were thorough.

There were strong community links and partnership approaches to tackling social isolation and inclusion.

# Clervaux Trust

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 October 2015. 48 hours notice of the inspection was given because the service is small and the registered manager is often out of the service supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of one Adult Social Care Inspector. At the inspection we spoke with one person who used the service, the registered manager, the senior manager a Clervaux Trust trustee and four members of staff.

Before we visited the home we checked the information that we held about this location and the service provider. For example we looked at safeguarding notifications and complaints. We also contacted professionals involved in supporting the people who used the service; including; commissioners, Psychologist, education department and the learning disability team and no concerns were raised by any of these professionals.

The provider completed a provider information return prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During this inspection, we asked the provider to tell us about the improvements they had made or any they had planned. We used the information to plan our inspection.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff by observing practices and interactions between staff and people who use the service.

We also reviewed three staff training records, recruitment files, medication records, safety certificates, and records relating to the management of the service such as audits, policies and minutes of meetings.

# Is the service safe?

## Our findings

The people who used the service that we spoke with told us they felt safe living at Clervaux Trust. One person who used the service told us “Yes I am safe here, the staff help me with my paperwork and they ask me not to do things that aren’t safe, things like running around inside the house.”

The service also had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. We saw that there were posters on display for the people who used the service and the contacts needed for the local safeguarding team and photos. This helped ensure staff and the people who used the service had the necessary knowledge and information to make sure that people were protected from abuse. One of the people who used the service told us they knew about how to raise safeguarding concerns they said; “I know where it is if I need it, some for safeguarding and stuff like that.”

The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from. The Staff had attended a safeguarding training course on the day of our inspection. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; “I have disclosed things in the past and I know what is needed and how to write everything down.”

The service had a Health and Safety policy that was up to date. This gave an overview of the service’s approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw that an evacuation plan was in place for the service but individual plans were needed for the people who used the service which are called personal emergency evacuation plans (PEEP). PEEPs provide staff with information about how they could ensure an individual’s safe evacuation from the premises in the event of an emergency. The registered manager took immediate action to get these put in place.

We saw records of routine maintenance checks carried out within the service. These included regular portable appliance testing (PAT) checks of electrical equipment, water temperature, room temperatures and cold water

storage. This showed that the provider had in place appropriate maintenance systems to protect staff and the people who used the service against the risks of unsafe or unsuitable premises or equipment.

Regular fire alarm testing was carried out in the home and we saw the records that recorded this along with; fire door checks, fire alarm testing, escape routes, fire extinguisher checks and emergency lighting testing.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to the people’s needs such as; accessing the community independently and taking medication independently. This meant staff had clear guidelines to enable people who used the service to take risks as part of everyday life safely.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The registered manager showed us the recording system and explained how actions had been taken to ensure people were immediately safe.

The staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. One member of staff who had recently started working for the service told us; “I didn’t start work until my DBS came. I also had to give two references; provide photo ID, proof of my address and copies of all the training I have done.”

On the day of our inspection there were two people using the service. The layout of the home was a homely terraced property with three floors but only the first two were in use. On the first floor there were four bedrooms and a shared bath/shower room for people to use. On the ground floor there was a large kitchen/ dining room, Large lounge and separate dining room for everyone to access.

## Is the service safe?

We spoke with the staff and registered manager about staffing levels, they told us that there were sufficient staff to cover the needs of the people who used the service and that they brought extra staff in when needed for one to one support or outings. The staff gave us examples of how they have enough staff to people on a one to one basis. One staff member told us; “There used to be two staff when we had three people to support. We do get to spend time with people on their own on planned activities and we can double up when it’s needed. I’m also happy to work on my own.”

Although the people who used the service self-administered medication we discussed all aspects of medicines with the registered manager, who demonstrated a good understanding of medicines in general. We saw that the controlled drugs cabinet was locked and securely fastened to the wall. We saw the medication records, which identified the medicine type, dose, route e.g. oral and frequency and saw they were reviewed monthly and were up to date. We audited the controlled drugs prescribed for one person; we found records to be accurate.

We were unable to observe medication being self-administered but could see how this was managed and recorded. The application of prescribed local medications, such as creams, were not clearly recorded on a body map

or stored in the Medication Administration Record (MAR) sheets. This was brought to the registered manager’s attention who assured us that they would take immediate action to rectify this and to provide body maps both in the MAR sheets and in the care plans showing the area affected and the type of cream prescribed. Records were signed appropriately indicating the creams had been applied at the correct times.

We saw there was evidence of sample signatures of staff administering medicines. There was also a copy of the home’s policy on administration, and ‘as and when required’ medication protocols. These were readily available within the MARs) folder so staff could refer to them when required. Each person receiving medicines had a photograph identification sheet, and preferred method of administration. Any refusal of medicines was recorded on the MAR record sheet. All medicines for return to the pharmacy, were disposed of safely in storage bins, and recorded.

We found there were effective systems in place to reduce the risk and spread of infection. We found all areas of the service pleasant, clean and odour-free. Staff supported the people who used the service to keep the environment clean and tidy as part of learning basic daily living skills.



# Is the service effective?

## Our findings

During this inspection, there were two people using the service. We found staff were trained, skilled and experienced to meet people's needs. When we were speaking with the staff team we asked them if they thought they were supported to develop their skills and knowledge one staff member told us; "There is plenty of training that is what's good about working here. I have three training days this week; safeguarding today and then medication and infection control. There's a mix of online and in house training."

For any new employees, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed induction training to gain the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in the staff supervision files. One member of staff told us; "Induction is good so far I've been given a handbook to work from with policies and procedures and use them for reference." The registered manager told us "staff are going to be completing the care certificate and new starters will get to complete it as part of their induction."

We saw the staff training files and the training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses included; Fire safety, medication, first aid, Asthma and attention deficit hyperactivity disorder (ADHD), management of actual and potential aggression (MAPA) and also vocational training for personal development and one staff member told us that they had started their NVQ (National Vocational Qualification) Level three in health and social care. One staff member told us; "I'm doing my NVQ level three in health and social care, an assessor comes out to assess us."

We saw that staff meetings took place. During these meetings staff discussed the support they provided to people and guidance was provided by the registered manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. When

we spoke with staff, they said; "Team meetings are good for support and peer support, we need more of them, so we can debrief." When we looked at the minutes from the staff meetings we could see that they were regular.

Individual staff supervisions were planned in advance and the registered manager had a system in place to track them. Appraisals took place annually to develop and motivate staff and review their practice and behaviours. The manager showed us a new system that they were currently implementing for appraisals. From looking at the supervision files we could see the format of the supervisions gave staff the opportunity to discuss any issues. One member of staff told us "We have supervisions and appraisals to discuss our training needs. The next course I'm doing is diabetes awareness. The Clervaux Trust are really good with training and I think they are really good to work for." The registered manager told us; "The new approach is better it has a self-assessment for the staff to complete first followed by the appraisal meeting."

We saw people were encouraged to eat and drink healthily to meet their needs. Throughout the inspection we observed people who used the service and staff preparing food. The menu that we looked at was balanced and offered choices that the people who used the service had come up with at their house meetings. Every meal prepared used fresh organic produce grown at the trust's farm and also bread was always fresh from the trust's organic bakery. One member of staff that we spoke with told us; "We have a menu that the people have chosen what they want to go on it. We don't do processed foods, it's all from scratch and we encourage, basic living skills and cooking skills all the time."

During the inspection staff were observed encouraging the people who used the service to engage in preparing the evening meal and then the staff took over when the person didn't want to continue. We saw that this was managed well and the person was encouraged and offered support to participate. The atmosphere in the kitchen/dining area was relaxed and the people who used the service were enjoying chatting with staff and telling them about their day during the activity.

It was evident from people's care plans that the people who used the service were encouraged to eat healthily and use fresh organic produce as part of the trusts 'Seed 2 table' ethos, but this didn't restrict people's choices in any way. For example one person who used the service told us that



## Is the service effective?

they liked preparing fresh organic food, but also enjoyed a take away sometimes. They told us; “I like the food choices, I have fish and chips put on the menu some times and I can make scampi, I can make it with some help. Today at the café I made pumpkin and kale quiche and the veg was grown at the farm.”

We saw records that showed that each person had a personalised health action plan that was in an easy read format and covered general health and wellbeing. All contact with community professionals that were involved in care and support was recorded including; the learning disability team and GP. Evidence was also available to show people were supported to attend medical appointments.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection no one using the service had a DoLS in place. We saw in the training records that all staff were recently trained in MCA and DoLS. This meant that the service was aware of their requirements to protect people who may lack mental capacity.

# Is the service caring?

## Our findings

When we spoke to the people who used the service they told us that the staff were caring and supportive and helped them with day to day living. One person who used the service told us; “The staff are always there when I need them. The staff are kind, they help you. Yes the staff listen and I can talk to them on my own. I wouldn’t change a thing.”

We saw staff interacting with people in a positive, encouraging, caring and professional way. We spent time observing support taking place in the service. We saw that people were respected by staff and treated with kindness. We observed staff treating people respectfully. We saw staff communicating well with people and enjoying activities together. One member of staff told us; “Just being there for them, being approachable, even having a joke with them is important.”

Staff knew the people they were supporting very well. They were able to tell us about people’s life histories, their interests and their preferences. We saw all of these details were recorded in people’s care plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at all times and told us that this was an important part of their role. One staff member commented; “From working on a one to one basis with people you can get to know their history and really get to know them.”

Throughout the inspection there was a relaxed, homely atmosphere at the service. We found the staff were caring and people were treated with dignity and respect and privacy was important to everyone. One member of staff told us; “We never just walk in their rooms, we always knock. They can lock their doors when they go out and we always speak with respect.” When we asked the people who used the service if their privacy was respected they said it was and one person who used the service told us; “By not coming into my room without knocking.”

We could see during our inspection that people who used the service were helped by the staff team to maintain their independence at all times, one member of staff told us; “We make a support plan and do a risk assessment together with them, for example when someone wants to go out on their own, we can make sure it happens.” We also spoke with a trustee and they told us “We are all about meeting the needs of people. Bending over backwards to offer them what we think is a good service and more.” We also discussed with the registered manager how the staff enabled people to maintain their independence and they told us; “We have extremely caring staff that have a really caring nature that are constantly promoting independence and encouraging the people to improve.” This demonstrated that people’s independence and daily living skills were promoted within the service.

Where possible, we saw that people were asked to give their consent to their care and we could see in people’s care plans that they had been involved in the development of the plan and their comments were clearly recorded. The people had also had chosen the photographs that were used in the plan and even the colour file. Staff considered people’s capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people’s best interests and where necessary involved the right professionals. We saw that there was information in the care plans for people who used the service to see that held contacts for advocacy. The registered manager assured us that they would put the contact numbers on display. When we asked the people if they had access to advocacy one person told us; “I know about advocacy, I know how to get it.” This meant people were consulted and involved in decision making about all aspects of their care, treatment and support. During our inspection we saw in the care files and daily records that regular contact with family and friends was encouraged and recorded and one member of staff told us; “Family contact is important to people and we support this where we can.” The people who use the service were supported to use social media to keep in touch with family members on a regular basis and this was also recorded.

# Is the service responsive?

## Our findings

During the inspection people using the service were engaging in activities going on in the service and one of the people using the service told us; “I’m busy, today I have been busy in the café kitchen. I’ve been waiting on tables but mainly in the kitchen which I enjoy. I’m doing my NVQ level two in catering.”

We saw that people were involved in planning activities and met up together regularly at ‘house meetings’ to organise activities by reflecting on what people enjoyed the most by taking on board feedback from people. We could see that there was a range of regular activities that took place including: baking, dancing, volunteering at the dogs trust, socialising, crafts and hobbies.

The people who used the service and the staff told us about the relationship they had with the local community and how they visited the local amenities including the café, library, art classes, and leisure centre to use the gym and go to Zumba classes. One person who used the service told us; “I go to the gym at the dolphin centre and I have my work placement at the café and my college course.” One staff member told us “we have house meetings once a week and we encourage everyone to take part. We get lots of suggestions about what they would like to do but sometimes things don’t go to plan and they don’t want to go out and want a pyjama day and that’s fine too, we go along with whatever they want to do.”

From looking at the care plans and speaking with staff we could see that each person had an activity plan and there was also range of meaningful activities on offer for people who used the service to enjoy and take part in. In addition to activities within the service and the local community people attended regular outings further afield to the dogs trust and the trust’s eco farm where they can access a range of activities including; farming, animal care, textiles, pottery and cooking. This showed us that people had access to a range of meaningful activities inside and outside the home.

The care plans that we looked at were person centred and were in an easy read format. The care plans gave in depth details of the person’s likes and dislikes, risk assessments and daily routines. These care plans gave an insight into the individual’s personality, preferences and choices. When

we asked staff how they would get historical information on the people they supported they told us; “I find out what’s important by getting to know them, spending time together. Reading about their history in their care plans.”

We saw people were involved in developing their care plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw each person had a key worker and they spent time with people to review their plans. Key worker’s played an important role in people’s lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person’s current needs and wishes. We saw that people’s care plans included photos, pictures and were written in plain language. We found that people made their own informed decisions that included the right to take risks in their daily lives. Staff that we spoke with told us; “I let them choose what they want to do, respect their wants and wishes and encourage them to maintain their independence.”

This demonstrated that people were supported to make choices, taking account of their capacity to make those choices and their right to take informed risks.

During the inspection we could see that the staff enabled the people who use the service to maintain their choices, wants and wishes and one member of staff told us; “The people choose their own bedding and the colour of the décor in their rooms and the rest of the house and ornaments for the lounge. Helping them to make choices is important for example making choices about healthy eating or junk food. We go through the pros and cons together and if they want to buy chocolate they can.”

The service had a complaints procedure in place and although they hadn’t received any complaints the registered manager and the staff were able to demonstrate how they would follow the procedure and deal with complaints. When we asked the staff if they knew how to manage complaints they told us; “Yes I know - I would go to the manager or senior staff.” We also asked one of the people who used the service and they told us “Yes I know if I wanted to complain who to talk to. I also have a key worker and they help me to sort out any paperwork I have.”

A handover procedure was in place and we saw the completed daily records and communication book that

## Is the service responsive?

staff usde at the end of their shift. Staff said that communication between staff was good within the service. One member of staff told us that; "The communication book helps us to identify any issues that might arise."

# Is the service well-led?

## Our findings

At the time of our inspection visit, the home had a registered manager who had been in post in for over one year. A registered manager is a person who has registered with CQC to manage the service. The manager had recently appointed a new administrator to support their role.

The registered manager was qualified, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with external management arrangements with the Clervaux Trust. We saw up to date evidence of inspection records from the trust's head office covering; people who used the service – their views/concerns, staffing, suggestions for improvement, meals, complaints, accident and incident analysis, maintenance records, fire safety, admissions, care plans, and social activities.

The staff members we spoke with said they were kept informed about matters that affected the service by the registered manager. They told us that staff meetings took place on a regular basis and that they were encouraged by the registered manager to share their views. We saw records to confirm this.

Staff we spoke with told us the registered manager was approachable and they felt supported in their role. They told us, "The manager is really supportive, it's nice to see the relationships that the management have with the staff and service users, it's all really positive."

The majority of the staff we spoke with told us that the morale at the service was generally good.

People, who used the service, told us the home was well led. One person who used the service told us, "The manager is there when we need them." The registered manager told us; "I spend time in the house and make myself accessible to everyone, I do shifts in the house too."

We also saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. The registered manager showed how she adhered to company policy, risk assessments and general issues such as, incidents/accidents moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the

potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service and staff to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring systems in place. These were based on seeking the views of people who used the service at house meetings. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The registered manager assured us that they would be organising a quality survey that would be sent to stakeholders and relatives as at present their views on the service were not collected.

We discussed partnership working to tackle social isolation with the registered manager and they explained to us how they maintained links with the local community. This was also evident in the care plans and when we spoke with the people who used the service and staff. It was made clear that working together with the local community had opened lots of doors for the service including a positive relationship with the dogs trust where the people now go to volunteer and sponsor a dog.

We spoke to a college tutor at Darlington College where the people who used the service also attended and they told us that they have a good partnership relationship with the service and said; "I liaise with the staff team all the time. The staff are good at keeping in touch to share information, concerns or anything we might need to know to support the students." This meant partnership working was effectively used to promote people's education and social wellbeing.

The complaints records that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw there had been no recent complaints made but from discussions with the registered manager and staff they were knowledgeable of the complaints procedure.

We saw the system for self-monitoring included regular internal audits such as accidents, incidents, building, fire safety, and control of substances hazardous to health (COSHH), fixtures and fittings.

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity,

## Is the service well-led?

independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering. The registered manager told us; “We want the people we support to have the best life chances and we want the service to feel like a home, not a care home. The staff are here in the people’s house.”

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with

key organisations to support care provision, service development and joined- up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as the Local Authority and other social and health care professionals. This showed us how the service sustained improvements over time.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.