

The Fircroft Trust

Firs Court

Inspection report

370 Hook Road
Chessington
Surrey
KT9 1NA

Tel: 02083391772

Date of inspection visit:
12 July 2022

Date of publication:
02 September 2022

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Firs Court is a 'care home' that provides care and support for up to nine people. In addition, there is a supported living service for six people and four adjacent houses providing independent living. All the people who live at Firs Court have a learning or physical disability. There were six people living in the care home, and six people in supported living. The service is in Chessington, south west London.

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

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

Right Support

People were provided with a service that was safe for them to use and for staff to work in. Service quality was reviewed, and changes made to improve people's care and support when required. This was in a way that best suited people. There were well-established working partnerships that promoted people's participation and reduced their social isolation. They had choices, followed their interests and hobbies and did not suffer from social isolation. People and their relatives received information in a forthcoming and timely way that enabled them to make decisions.

Right Care

People received responsive, person centred care and were supported with their needs that were regularly reviewed and recorded in their care and support plans. There were enough suitably trained, recruited and supervised staff who supported people to live in a safe way and enjoy their lives. Any risks to people and staff were assessed and monitored. Staff understood people's health needs and provided them with access to community-based health care professionals, as well as supporting them appropriately. People were protected by staff from nutrition and hydration risks and they were supported to choose healthy and balanced diets that also met their likes, dislikes and preferences. The premises were adapted to people's needs. Transition between services was based on people's needs and best interests. Complaints, concerns, accidents, incidents and safeguarding issues were reported, investigated and recorded. Trained staff safely administered medicines to people.

Right culture

The service had a warm, welcoming and friendly atmosphere with people enjoying the way staff gave them care and support. The staff we observed were caring and compassionate. Many positive interactions took

place between people, staff and each other. Staff observed people's privacy, dignity and confidentiality. People had access to advocates and were encouraged and supported to be independent. The management was transparent with an honest, open and positive culture. The provider's vision and values were clearly defined, and staff understood and followed them. Staff were aware of their responsibilities, accountability and were prepared to take responsibility and report any concerns they may have. People did not experience discrimination against them, and their equality and diversity needs were met.

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.

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

Why we inspected

This service was registered with us on 14 March 2022 and this is the first inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service is good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Firs Court on our website at www.cqc.org.uk.

Follow up

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

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 exceptionally 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.

Firs Court

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.

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

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Firs Court is a 'care home' and provides a supported living service to people with tenancy agreements, living in their own flats. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided in the care home, and both were looked at during this inspection.

Firs Court supported living provides support and personal care to people living in their own homes on the same site, 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. Not everyone who lives in supported living receives a regulated activity.

The service did not have a manager registered with the Care Quality Commission. The manager had submitted an application to become registered. This means that once registered they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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 checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider. We used all this information to plan our inspection.

During the inspection

We spoke in person with the manager and deputy manager. We spoke with six people using the service, eight relatives or advocates, and six staff, to get their experience and views about the care provided. We reviewed a range of records. This included four people's care plans and risk records. We looked at two staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including staff rotas, training, and service level audits. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staffing and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

We used the Short Observational Framework for Inspection (SOFI)/ spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted two healthcare professionals who had frequent contact with the service for their views on the care and support provided.

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 were protected from the risk of abuse. This meant they were kept safe.
- People told us they felt safe living at Firs Court. This was further confirmed by our observations and people's relaxed, and positive body language. One person told us, "This is a lovely place. I do love living here." Another person said, "Living at Firs Court I always feel safe here." A relative commented, "[Person using the service] comes home every other weekend and is always happy to go back which is a very good sign."
- Staff were trained to identify any possible abuse and took appropriate action if it was required. They were aware of how to raise a safeguarding alert. There was no current safeguarding activity. The provider's policies and procedures included one for safeguarding and was available to staff. A staff member said, "I've never seen any abuse here, but if I ever did, I wouldn't hesitate to tell the managers, the local authority and the CQC straight away."
- Staff advised people how to keep safe and if they had areas of concern about people, they were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were kept safe by staff following people's risk assessments.
- People were able to take acceptable risks and safely enjoy their lives by staff following their risk assessments which included all aspects of people's health, daily living and social activities. The risk assessments were regularly reviewed and updated as people's needs, interests and pursuits changed, to keep people safe.
- The staff team was well-established and knew people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks. One person told us, "So long as I let the staff know when I'm going out and what time I will be back, they [staff] are happy to let me go and travel places on public transport on my own." A relative said, "Staff are lovely, and you can go in at any time, without an appointment needed which gives you confidence."
- General risk assessments were regularly reviewed and updated. They included equipment used to support people that was regularly serviced and maintained.

Staffing and recruitment

- The provider had a staff recruitment process that was thorough, and records demonstrated was followed. The process contained scenario-based interview questions to identify prospective staffs' reason for wanting to work in care, skills and knowledge of learning disabilities. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police

National Computer. The information helps employers make safer recruitment decisions. There was also a six-month probationary period with reviews. This could be extended if required so that staff can achieve the required standard of care skills.

- There were enough staff to provide people with flexible care to meet their needs. Staffing levels during our visit; matched the rota and enabled people's needs to be met safely. One person told us, "Always lots of staff around if need a helping hand with anything. Best bit about the place is the staff I would say." A relative said, "Excellent staff providing an excellent service."

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicines records were fully completed and up to date. Staff were trained to administer medicines and this training was regularly updated. If appropriate, people were encouraged and supported to administer their own medicines. One person said, "Staff tell me when I should take my medicine's and give it to me for me to take at the right time, so I never forget."

Preventing and controlling infection

- We were assured that the provider was using personal protection equipment (PPE) effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons. A staff member said, "We are provided with enough PPE to keep us and [people using the service] safe."
- A 'whole home testing' regime was in operation at the service, which meant everyone who lived and worked there were routinely tested for COVID-19. People told us they were regularly tested for COVID-19 and were vaccinated. One person said, "When I was feeling unwell the staff helped me test myself and supported me when I had to isolate in my room, so no one else living here would catch it." Staff confirmed they were routinely tested for COVID-19.
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong. This meant the service endeavoured to improve.
- Any safeguarding concerns, complaints, accidents and incidents were reviewed and analysed to ensure emerging themes had been identified, necessary action taken and to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers. There was a whistle-blowing procedure and staff told us they felt able to raise concerns with managers without fear of negative repercussions.
- The feedback from healthcare professionals was that the service provided a safe environment for people to receive care and live in.

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

- People's needs and choices were assessed, and care provided appropriately. This meant their needs were met effectively.
- People told us and our observations indicated that the service was effective. People's positive and relaxed body language confirmed this. The feedback from healthcare professionals was that the service was effective.
- People's physical, mental and social needs were holistically assessed, and their care, treatment and support were delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Care and Excellence (NICE) and other expert professional bodies.
- The manager and deputy conducted a thorough assessment of people's needs before people moved in with the commissioning body providing assessment information and further information being requested from any previous placements. The manager and deputy visited people in their current homes and carried out a pre-admission needs assessment with them and their relatives. They were also invited to view the service and were introduced to people using the service and staff to identify if they would fit in with the community and their needs could be met within this environment. The pre-admission assessment and transition to the service took place at a pace that suited people's needs. People were able to visit as many times as needed to decide if they wanted to move in. During these visits' assessment information was added to.
- Staff knew the importance of being aware of people's views as well as relatives so that the care provided could be focussed on the individual. One person said, "When I first moved here staff asked me lots of questions about what I liked to do and eat and what I could do for myself, which they wrote down for me in my care plan." A relative commented, "We were fully involved in [person using the service's] care and so were they."

Staff support: induction, training, skills and experience

- Staff were provided with induction and mandatory training. This enabled them to support people in a way that met their needs effectively. One person told us, "The staff know how to look after us and have a great sense of humour. You can certainly have a laugh with them."
- The training matrix identified when mandatory training required updating. There was specialist training specific to people's individual needs, with detailed guidance and plans. This included epilepsy, dementia awareness, pressure ulcers prevention and awareness and diabetes.
- Staff told us the training they received was a mixture of e-learning and in-person practical training courses that were refreshed at regular intervals. This ensured staff's knowledge and skills remained relevant. One care worker said, "The training is very good here and it's a lot better now we have a new online training

system which makes it a lot easier to keep your knowledge and skills up to date." New staff were also able to shadow more experienced ones as part of their induction. This improved their knowledge of people, their routines and preferences.

- Staff demonstrated good awareness of their working roles and responsibilities and said they received all the support they needed from their managers to perform their duties well. One care worker told us, "I feel extremely well supported here by the managers. Communication is good and we have supervisions with senior staff roughly every six weeks or so." There were also annual appraisals and eight weekly staff meetings
- Staff received induction and mandatory refresher training based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. The expectation was that staff would complete the certificate within three months, although extra time and support was available should staff need it.

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

- People were supported to eat and drink sufficiently to maintain a balanced diet. This meant they kept healthy.
- We observed people making their own snacks and eating when they wished with the kitchen remaining open throughout our inspection, which gave people the freedom to prepare their own drinks and meals whenever they wished. One person told us, "I'm not hungry yet, but when I do feel like it I might make myself a sandwich for my lunch later."
- People's care plans included health, nutrition and diet information with health care action plans. These included nutritional assessments that were regularly updated and there were fluid charts, if required.
- Staff observed and recorded the type of meals people ate and encouraged a healthy diet to ensure people were eating properly. Mealtimes were arranged around people's activities and health needs. Whilst prompting people to eat healthily staff also supported people to eat meals they enjoyed. One person said, "The food is very good. Staff do ask us what we would like to eat and know what my favourite food is and what I don't really like."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to keep in good health by staff maintaining good working relationships with external healthcare services and receiving ongoing healthcare support.
- There was written information provided and staff accompanied people on health and hospital visits as required.

Adapting service, design, decoration to meet people's needs

- The home and supported living service were purpose built and appropriately adapted and equipped. This meant they met people's needs.
- The décor and furnishings were chosen by people using the service and of a high standard. One person said, "I've got everything I need in my bedroom and staff asked me what colour I wanted it painted when I first moved in." Another person told us, "We were all asked what colour we wanted the kitchen and lounges painted." A relative told us, "Always clean and tidy when we visit."
- We saw the premises and the garden that separated the residential care home and the supported living service were very well maintained and kept free of trip hazards. This meant people were able to move freely and safely around the various onsite buildings and well-kept gardens.
- Equipment used to support people was regularly checked, serviced and required individualised equipment in place.

Supporting people to live healthier lives, access healthcare services and support

- People received annual health checks and referrals were made to relevant health services, as required. One person said, "If I'm not well the staff look after me and call the doctor out."
- Everyone was registered with a GP and a dentist. People's oral hygiene was checked daily. People had access to community-based health care professionals, such as district nurses and speech and language therapists as needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff understood their responsibilities regarding the MCA and DoLS.
- Everyone using the service who required them, had up to date DoLS authorisations in place.
- Mental capacity assessments and reviews took place as required.
- Consent to treatment of relevant persons was obtained and recorded in care plans. One person said, "Staff always ask me for my consent before they help me with anything."

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 were treated with respect, equally and their diversity recognised. This meant their rights and dignity were maintained and they were involved as partners in their care.
- People told us how friendly, supportive and caring staff were and that characterised the way staff interacted with people throughout the inspection. People's positive and relaxed body language and affectionate response to staff showed that they felt staff were caring, they enjoyed staff's company and were relaxed in it.
- People also looked very comfortable with each other, were smiling and laughed a lot, during our visit. One person told us, "The staff are fantastic. It feels like one big family here." Another person said, "We're friends with everyone that lives and works here. We've all known each other for years and get along so well." A relative commented, "They [staff] do brilliantly with [person using the service], really happy with them [staff]."
- We observed good practice such as staff often just sitting and talking with people who were relaxing in the communal areas and the gardens that separated the care home and supported living service.
- The feedback from healthcare professionals was that the service provided a caring environment due to the positive approach and attitude of staff.
- Staff received equality and diversity training enabling them to treat people equally and fairly whilst recognising and respecting their differences. This was reflected in inclusive staff care practices that made sure no one was left out. Staff treated people as adults, did not talk down to them and people were treated respectfully and equally.

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

- People were supported to express their views and involved in deciding their care. This meant they had control over their lives.
- One person did not communicate verbally and staff supported them to express their views by understanding what they meant using gestures and non-verbal methods of communication. This meant their views were heard.
- Staff knowledge and experience of people's likes, dislikes and preferences were built up by people using the service and staff forming relationships, and bonds. A relative told us, "[Person using the service has been here for a very many years and they [staff] look after [person using the service] very well."
 - It was demonstrated that these methods worked by people doing various activities they had chosen. One person told us, "I regularly go on the train by myself to see my family and work as a volunteer at a local charity shop."
 - People told us that they were able to express their choices and live their lives the way they wanted. One

person said, "I can get up, go out and eat whenever I like." A second person added, "Staff ask me what I would like to wear in the morning and if I would like a shower. It's up to me what I do. My choice."

- People were consulted and agreed to the contents of their care plan. One person said, "I know I have a care plan which my keyworker sometimes talks to me about."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence were promoted by staff committed to the people they cared for, delivering care with kindness, in an empowering and nurturing way. Their knowledge of people, their wishes and preferences meant people were respected and their right to privacy, dignity and independence was observed.

- People were actively encouraged and supported to maintain their independent living skills. They came and went and did as they pleased with staff support. Those who wished and were able to, were given support to travel independently in the wider community, prepare their own meals and drinks, do some domestic chores, and to partially manage their own money. One person remarked, "I like to help out in the kitchen sometimes and will do a bit of cooking. I also make my own breakfast and coffee in the morning." Another person said, "I can get up, go out and eat whenever I like."

- During lunch we observed a care worker assisting a person to eat and drink in a dignified and respectful manner. The care worker achieved this by sitting next to the person so they could be in the person's line of sight and easily talk to them about the meal they were having.

- Staff were aware of the importance of recognising this was someone's home, treating it with respect and acting accordingly. People told us staff respected their privacy and dignity. Several people told us they had been given their own keys to their bedroom and one person said they had a landline phone installed in their room. People said staff always knocked on their bedroom door and would never enter without seeking their permission to do so first. One person told us, "Staff always knock on my door to ask me if it's alright for them to come in and see me."

- Staff were trained to respect people's rights to be treated with dignity and respect and provided support accordingly. This took place in an enjoyable environment and was reflected by positive staff practices throughout our visit. Staff were caring, patient and provided friendly support that respected people's privacy. This included discreetly attending to people's personal care needs.

- The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook. There was a visitor's policy that stated visitors were welcome at any time with the agreement of people. Relatives said they were made welcome and treated with courtesy. This was what we found when we visited.

Is the service responsive?

Our findings

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

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

- People received person centred care that meant they had choice, control and their needs and preferences were met. People's positive responses reflected the appropriateness of the support they received.
- Staff made themselves available to people and their relatives to discuss any wishes or concerns they might have. One person said, "The staff treat me like a 'normal' person and know what I like and what I don't."
- People and their relatives made decisions about their care, the way it was delivered and activities they wanted to do, with staff support. Staff ensured people understood what they were telling them, their range of choices and that they understood people's responses. They asked what people wanted to do, where they wanted to go and who with. Staff met needs and wishes in a timely way and manner that people were comfortable with and enjoyed. A relative told us, "We talk on the phone twice per week and [person using the service] tells us about all the things they have done and places they have been to."
- People's care plans were individualised and recorded their interests, hobbies and health and life skills needs. This was as well as their wishes and aspirations and the support required to achieve them. People and their relatives were encouraged and supported to participate in their care planning, where possible. People's care and support needs were regularly reviewed and updated to meet any changing needs with new objectives set. People's daily notes recorded their activities, if they enjoyed them and how people demonstrated whether they enjoyed them or not, to build knowledge of what they really wanted to do.

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.

- The AIS was being followed by the organisation, home and staff with pictorial information available to make it easier for people to understand. Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.
- People told us staff communicated clearly with them which enabled them to understand what they meant and were saying. We saw easy to understand photos were used on a large notice board displayed in the dining room which helped people make informed choices about what they ate at mealtimes.
- Staff demonstrated good awareness of how to communicate effectively with people living at Firs Court. One care worker told us they used easy to understand pictorial prompt cards to help them communicate more effectively with one person who was non-verbal. We also observed a care worker take their time to

listen carefully to a person they were supporting so they could understand exactly what coloured paints they needed to complete a picture they were painting.

- The home and supported living service provided easy to understand written information for people and their families.
- Staff explained to us what one person's different reactions, non-verbal communication and gestures meant. This was in line with their communication support plans. A relative said, "They understand [person using the services] needs and wishes so well."

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 develop and maintain relationships and this meant they avoided social isolation.
- People participated in activities that were individual to them and as a group. During our visit there were simultaneous activities going on with people enjoying chatting and just interacting with staff and each other and going to the shops. One person told us, "Staff helped me get my own wheelchair, so I can now go shopping in town." Another person said, "I like to grow my own vegetables in the garden, pet all the animals, go swimming and go on walks with the staff."
- People had access to a variety of indoor and outdoor spaces where they could choose to engage in a wide range of social activities including, gardening, looking after the services numerous pets, arts and crafts, knitting and puzzles. People also told us they often accessed the local community and attended various day centres, bowling alleys, art clubs, swimming pools and local cafes, shops and pubs. One person said, "We go on lots of holidays with staff, which I really like."
- People were encouraged to keep in contact with relatives, and relatives to visit. One person frequently travelled across London to see their family, whilst others had regular visits from their families. One person told us, "I'm going to go abroad to see my family soon, which the staff helped me organise." A relative said, "We are always in contact with [person using the service] and staff who keep us up to date with what is going on."
- The feedback from healthcare professionals was that the service worked hard to promote and maintain professional links to ensure that people had access to the external support they required.

Improving care quality in response to complaints or concerns

- There was a robust system for logging, recording and investigating complaints, that was followed.
- People and their relatives said they were aware of the complaints procedure and how to use it. The complaints procedure was provided in pictorial form for people to make it easier to understand if they needed it. One person said, "I have nothing to complaint about here, but if I was unhappy, I do feel able to tell the staff. I'm sure they would do their best to help me sort things out." A relative told us, "Absolutely fantastic, [person using the service] couldn't be in a better place."

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

- There was a positive, open, inclusive, empowering and person-centred culture that achieved good outcomes for people.
- People told us how well-led the service was and this was confirmed by the positive, relaxed body language we saw towards the manager and staff. It indicated that the service was run in a way that met people's social as well as health needs. One person told us, "The managers and staff are all great here." A relative said, "You couldn't have a better service. We wouldn't mind moving in here." A staff member told us, "The manager is fairly new, but they do seem very approachable."
- Managers worked directly with people and led by example. Staff spoke in positive terms about the support they received from their line managers and teamworking with their colleagues. One care worker said, "This is a lovely place to work. I feel valued by both the managers and my workmates."
- During lunch we observed staff treat people as individuals and supporting them in a variety of different ways depending on their unique needs and expressed wishes. We observed staff encourage one person with low dependency needs to make their own lunch, while another person with higher dependency needs was actively supported by staff to choose what they wanted to eat, which staff then helped them prepare.
- Relatives said although the manager was new they were very good and the home and supported living service was well-run. Staff worked hard to meet people's needs, make their lives enjoyable and reflected the organisation's vision and values when carrying out their duties. A relative said, "My [person using the service] is so happy there and well looked after." A staff member said, "It's like home. Very attentive changes for the better."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour responsibilities and were open and honest with people when things went wrong.
- People and their relatives were informed if things went wrong with their care and support and provided with an apology. This was due to the positive attitude and contribution made by the manager, deputy and staff. A relative said, "They [managers and staff] always update us about what is going on."

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

- The manager and staff clearly understood their roles, the quality assurance (QA) systems and there were

clear lines of communication. This meant the service ran smoothly.

- Staff were aware that they had specific areas of responsibility such as record keeping and medicines management and carried them out. This was reflected in the praise from relatives.
- The service was in the process of transitioning from a paper to a new analytical care planning and staffing system. The system contained indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents.
- Audits were thorough, carried out by the manager, deputy, and staff, and regularly reviewed and kept up to date. The internal audit that checked specific records and tasks was completed. These included finances, staff tasks, staff observations and health and safety. There was also a service development plan and trustee visits were taking place. This meant people received an efficiently run service.
- The records kept demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

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

- People, relatives, staff and the public were engaged by the staff and management team which meant their views were taken into consideration. They were listened to and their wishes acted upon, where practicable.
- People told us they had regular meetings with their designated keyworker and the other people they lived with where they often discussed how they were doing and what food and activities they enjoyed.
- Staff said the managers valued and listened to their views. They were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers.
- There were close links with services, such as speech and language therapists, physiotherapists, occupational therapist and learning disability nurses. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Staff made sure that people had access to local resources such as advocacy services who provided advocacy and advice, if required.
- Relatives said they visited and had regular contact, which kept them informed and adjustments were made from feedback they gave. There were regular information updates for people and their relatives letting them know what was happening at the service and what people had been doing. The provider also sent out surveys to people, relatives and staff. People's surveys were in pictorial format for those who required them to make them easier to understand.

Continuous learning and improving care

- The service improved care through continuous learning.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled staff and the provider to learn from and improve the service.
- People and their relatives provided regular feedback to identify if the care and support provided was focussed on their needs and wishes. This included service-based meetings for people using the service.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.

- People, their relatives and staff told us they were given the opportunity to voice their views about the service. One person said, "They listen to me." A staff member told us, "We work well with other health care professionals. It's a team effort" A relative commented, "They take note of what I say and act on it."
- The manager and staff checked throughout the day that people were happy and getting the care and support they needed in a friendly family environment.
- The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.
- There was a directory of organisations and useful contacts that was regularly added to and updated.
- A good relationship and rapport had been built with local shops and restaurants with people being greeted by name, when they visited.
- The feedback from healthcare professionals was that the service was well-led, providing clear leadership and staff support that promoted a nurturing and caring environment.