

Precious Homes Support Limited

Ontario Court

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

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

Ontario Court is a residential care home providing accommodation and personal care to three people at the time of the inspection. The service can support up to eight people. Each person's accommodation included a self-contained lounge, kitchen, bedroom and bathroom as well as shared communal areas.

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

Right support

The service gave people care and support in a safe environment that was clean and suitably equipped to meet people's physical and emotional needs. Staff complied with measures designed to reduce the risk of COVID-19 spreading within the service.

Staff focused on people's strengths and promoted what they could do, enabling the opportunity for people to lead fulfilling and meaningful lives. People were supported by staff to pursue their interests inside and outside the home, and to achieve their aspirations and goals.

The service worked with people to plan for when they experienced periods of distress; to minimise any restrictions and to ensure people had as much freedom, choice and control over their lives as possible.

Staff received training in the use of restraint and were confident in their ability to deploy this training. At the time of our inspection, the use of restraint had been identified for one person as necessary, as a last resort and for the shortest time possible.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. People had a choice about their living environment and were able to personalise their rooms.

Staff enabled people to access the community and pursue their interests in their local area. Staff supported people to live healthy lifestyles and access health and social care support. This helped improve people's wellbeing. Staff supported people with their medicines in a way that respected their independence and achieved positive health outcomes.

Right Care

People received care that was kind and compassionate and based on people's own culture. Staff promoted

people's equality and diversity, supporting and responding to their individual needs. People's care plans were an accurate reflection of the support they needed and what people could do independently.

Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Staff had a thorough understanding of people's individual ways of communicating and this enabled people to be listened to. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

Right Culture

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

People were supported by staff who understood best practice in relation people's strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. Staff knew people well and responded to their needs and wishes. This helped people achieve their aspirations and live a meaningful life. Staff put people's wishes, needs and rights at the heart of everything they did.

People and those important to them, including advocates, were involved in planning their care. This enabled people to be able work with staff to develop the service. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

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.

Rating at last inspection

This service was registered with us on 14 December 2020 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of 'Right support, right care, right culture'.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well-led findings below.

Good ●

Ontario 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 Health and Social Care Act 2008.

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

Inspection team

This inspection was undertaken one inspector. An inspector undergoing induction was present but did not take part in the inspection itself.

Service and service type

Ontario Court is a 'care home' without nursing care. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. is a care home. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. At the time of our inspection there was not a registered manager in post. The current manager had applied to become a registered manager. This means that the provider is 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from a social worker and people's clinical commissioning groups (CCGs). We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service location on 19 May 2022, and again in the evening on 24 May 2022. We spoke with three people, three relatives and an advocate. We also spoke with eight staff including the manager, deputy manager, team leaders, support workers and the operations' manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, incident records, compliments, quality assurance processes and various policies and procedures.

What we did after the inspection

We sought assurance about records involving people's care and support needs and preferences.

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 from abuse

- Staff understood their safeguarding training, applied their knowledge to keep people safe, identified and, when required, reported incidents which were acted on to prevent reoccurrences.
- The manager identified and reported incidents to the appropriate organisations, took any actions required, and this helped keep people safe. All people and relatives we spoke with felt people were kept safe. For example, ensuring any restrictions, such as removal of equipment removed the risk of harm. One staff member said, "The signs of abuse I would look out for are a change in people's body language, increased anxieties or unexplained weight loss."
- Staff knew the organisations they could openly report concerns to including the local safeguarding authorities, the manager or the Care Quality Commission (CQC). People's representatives or relatives were consistent in their praise of, and confidence in, staff in keeping people as safe as practicable.

Assessing risk, safety monitoring and management

- Risks were identified and we found they were managed well, such as preventing behaviours that could challenge others, eating and drinking, allergies and the home's environment. One relative said, "My [family member] (at a previous placement) never used to have any money, but now the risk of them spending unwisely had been removed."
- Staff with appropriate training understood how to provide care and support to people to reduce the potential of unacceptable risk. This included adhering to guidance from people's health professionals, social workers and relatives.
- Staff worked safely by using strategies to recognise triggers in people's behaviours, preventing these from escalating, and knowing when to administer as and when medicines. The manager told us how they regularly reviewed risks as soon as changes occurred. Actions taken were effectively implemented to reduce risks.

Staffing and recruitment

- A robust staff recruitment process was in place and this helped ensure there were enough staff who were suitable. Relatives and people were satisfied with the way staff safely supported people. One person told us they always had enough staff to keep them safe.
- We observed how staff had skills matched to the people being supported. For example, staff of a similar age or the same gender. A relative told us their family member went out with staff who kept them safe.
- Various checks had been undertaken on new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The provider's values based interview process helped determine staff's suitability. In addition, other checks for staff included having a valid permit to work in the UK.
- Staff told us they had to provide previous employment references, photographic identity and evidence of good character. Gaps in employment were explored. Records viewed confirmed these had been checked. One staff member told us, "There's always enough staff. We do use agency but these are always the same consistent staff."

Using medicines safely

- Staff administered and managed people's medicines safely following the provider's medicines administration policy.
- People did as much as they could to administer their own medicines or be a part of the process. A relative told us the service always made sure they had enough medicines for when their family member came home.
- Audits were effective in identifying errors, such as if staff ever forgot to record administered medicines. Staff were reminded of their responsibilities. We found the provider had adhered to the STOMP (Stop over medicating people) principles. Staff knew when, why and how to administer as when required medicines.
- Staff received training and support to help ensure they were competent to safely administer medicines, including liquid medication and the application of topical skin creams. Medicines were stored and disposed of safely. Records for each person's prescribed medicines were kept up-to-date and were accurate.

Infection control:

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider's policies around visiting, either during a COVID-19 outbreak or more generally, was in line with government guidance, such as for essential care givers for people.

Learning lessons when things go wrong

- The manager supported staff to learn when things went wrong. For example, any unplanned events, such as a change in people's anxieties and emotions. The actions taken helped reduce the risk of reoccurrences.
- Staff were reminded of their responsibilities, and other actions were taken when incidents occurred. One staff member told us, "We have staff meetings and a communication diary. The (electronic) care planning systems gets updated so we can all see what the changes are." We saw how actions taken, including giving people additional space when their needs had changed, had prevented events from happening again.
- The provider's management team used a positive approach to improve staff performance. They shared more general learning through day to day observations or individual staff supervision. A staff member showed us how they had analysed trends in people's behaviours, use of medicines, and what strategies worked well. This also meant that when things didn't work, effective actions were taken to address the issue.

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 manager ensured people's needs were assessed prior to providing their care and support. They told us, "Some people have different staff support, depending upon what the person is doing. It could be three staff in the community but only one here." This meant people's needs were met by staff with appropriate skills and supported people effectively, such as for health conditions and emergency medicines.
- The manager kept up to date with current guidance and ensured this was shared with the staff team. Guidance was implemented into people's care delivery and staff training. For example, oral healthcare in care homes, various health conditions and food intolerances. However, we found that where people had food intolerances, they were not always clearly explained and which foods could contain these additives. The manager told us they would add additional clarity so any agency staff would have enough detail.
- The manager supported staff with guidance and knowledge based on people's needs. One staff member told us as well as doing on-line training and shadowing experienced staff, they also learned skills from the manager as a qualified trainer. This helped develop staff's skills including people with autistic support needs, and only ever using physical intervention as a last resort.

Staff support, training, skills and experience

- A range of support mechanisms were in place to support staff in their roles. This included new staff having an induction to the service where they worked alongside more experienced staff. Staff got to know the finer points of people's lives and this helped improve staff's confidence.
- Staff received training in areas relevant to their roles, such as autism, communication skills, positive behavioural support (PBS), medicines administration, individual training based on the person, and a range of health conditions linked to how people were cared for.
- Staff told us they got the support they needed including guidance from health professionals, had regular supervisions, and had competency assessments to ensure they were effective in their roles. One staff member said they felt valued, could say what was going well and if any additional support or changes were needed; they were always provided with a solution.
- People and relatives told us staff understood how to use their skills to good effect. One relative said their family member's life had been transformed, could do so much for themselves now, and increased their vocabulary. The relative said, "It's such a lovely surprise to see this change." Our observations showed staff's knowledge in their approach to care, by meaningfully engaging with people.

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

- People were supported to eat a balanced and healthy diet whilst also having full freedom of choice around their meals. One person told us about their favourite meals. We saw how staff promoted healthy

lifestyle choices.

- Plans and systems were in place to support people at an increased risk of eating or drinking unhealthily. Staff involved people as much as practicable in preparing meals, doing on-line shopping and accessing the community to buy meals. For one person due to the supported provided, they could now independently order and buy a favourite meal.
- Relatives were positive about the way that people were supported to eat healthily. One relative said, "I am really pleased that my [family member] has lost weight." Staff told us how the person ate more healthily and now chose smaller portions. This had been down to staff perseverance, adherence to strict protocols and explaining why healthy options were better for them. This had also increased people's physical fitness and wellbeing. We observed how staff supported people to eat and drink without rushing, always with choices.

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

- The provider ensured people's home environment met their individual and sensory needs. An ongoing programme of maintenance was in place, such as for legionella checks, electrical safety and fire detection and alarm systems. One person wanted assurance that their room was safe and that the repairs would be completed. Staff provided a satisfactory response telling the person how this was to occur and when.
- We saw how people had decorated their rooms in line with their preferences, or where it was in the person's best interests. A relative had complimented the provider for installing a set of shelves. This was so their family member would know where all their possessions were with safe access to these.
- Areas of the home were accessible such as with ramps for wheelchairs and signage for people in an easy read format. Pictures and décor was in a format which was safe. For example, shatter proof pictures.

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

- People were supported to attend health care appointments or be seen by health professionals, such as GPs when needed. All people and relatives we spoke with felt confident that staff knew when to request emergency or other healthcare support. This enabled people's healthcare needs to be met.
- Incident records showed how staff had responded to people's anxieties or concerns about dignity and privacy. A health professional had praised staff for enabling treatment and how much calmer this had been.
- The manager worked closely with various health professionals. Guidance from them had been implemented and adhered to. Staff were skilled at getting people into environments they would not normally be compliant with. For one person, staff would sing a favourite song which relaxed the person. This enabled their appointment to be undertaken safely with further treatment planned in a similar way. This meant people received treatment they would otherwise be too anxious to have.
- Staff supported people to stay healthy in areas such as, nutrition and good standards of personal hygiene. For instance, people would independently wash their bedding and clothes in a laundry, safely transporting these items in a sealed bag and then taking the clean items to their room. A relative told us how good staff were at ensuring pain was quickly identified and acted on. Staff used people's body language to achieve positive outcomes so people were safe.

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 MCA 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.

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 Mental Capacity Act 2005 (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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. People with an authorised DoLS were being supported in their best interests and in the least restrictive manner.
- Although care plans did not always contain enough information about each person's decision making and mental capacity, staff knew how to offer people choices in detail. The manager told us they would add each decisions about how people were supported to their care plan, should any person want to access their care plan in the future.
- All staff knew how to support people to make choices without restriction. For example, a choice of hobbies, pastimes, accessing the community and what to wear based on the weather.
- People were supported to make unwise choices, but only if this was safe and in the person's best interest. One staff member told us how for one person a range of freshly made, or frozen, home-cooked meals would be offered so the person could choose for themselves. This meant they did not become anxious or need to wait.

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

- Staff knew people well and had developed a bond which helped people overcome emotions, impairments and health conditions by being treated equally well.
- People and relatives were positive about the care and support provided. One relative told us, "Since moving to Ontario Court my [family member] has flourished and grown. They are so much happier and more settled than they have ever been in other care services."
- People and relatives described the compassion staff showed when providing care and being respectful. One relative said, "The changes have been amazing, one big thing is aggression and anxieties have decreased. Staff have been so supportive and have introduced coping strategies. It is marvellous what staff have managed my [family member] to achieve, losing weight and looking so much better."
- Staff told us they would always provide appropriate care and support, and always listen to what people said whilst respecting their choices. We heard staff singing with people as a way of ensuring people were treated respectfully in a calm supportive way.

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

- All relatives and people's representatives we spoke with, praised staff for how they had enabled people to make informed choices. This positive and supportive approach enabled people to be as involved in their care as they could be. One relative said, "I look forwards to seeing my [family member]. Every time I see a noticeable improvement in their abilities, doing something extra and having more vocabulary. Staff use small understandable sentences and listen, never rushing."
- People were involved in decisions about their care. One person showed us how they made choices using pictures of what they were doing 'now' and 'next'. This helped them understand situations better.
- Staff supported people to achieve aspirations, and used strategies to enhance people's ability to take part in tasks of their choosing. Relatives and people's advocates said care was being provided as agreed. Care plans were amended as need and staff were made aware of these as they occurred.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to live fulfilling lives, enabled them to do things at their own pace and at a time they chose to. Staff did this politely, respectfully, and gave people time in private when people wanted this.
- Staff were committed to supporting people to gain further independence. We saw how kind and considerate staff were in supporting people with whatever they did. One person showed us what they had done and how their room had been adapted so they had private time. Staff were skilled in ensuring people's abilities increased in stages, meaning people had more good days.
- Staff respected people's privacy and dignity, closed curtains and doors and kept people's information

confidential. We saw how staff knocked on doors and asked permission before respecting people's decisions. One staff member said, "I always ask, never assume people don't understand. I promote independence about washing and sometimes we have to turn situations into a game or a song to get people to do what they know they can do. People don't need everything doing for them."

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

- Staff knew people's support needs well and how to respond to their preferences. For example, people's favourite pastime, community activity or exercise whilst supporting people to live a normal life. One person enjoyed completing infection control tasks with staff members supporting them. This formed part of the person's development program.
- Staff respected each person's individual communication styles and relatives were positive about the support provided. We saw how staff always included people in general conversations about interests people spoke of. We also found how staff had been matched to people's age and preferences, such as arts and craft skills and being pampered, and doing the same in return for staff members.
- One staff member showed us how they used social stories for each aspect of people's lives, and how these individually created stories help people understand a situation and reduce their distress and anxieties. This meant people's behaviours and emotions had reduced significantly. The need for restraint was now a rare event.
- People's care plans, social stories and communication strategies were in appropriate formats and gave staff the mechanisms needed to meet people's needs. Staff were knowledgeable about these, including people's oral healthcare and details for supporting people in the community.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There were plans, systems and processes in place to help ensure people were listened to. Although care plans were not in an accessible format, there were many other ways staff helped people access information. The manager told us they would make care plans more accessible should people want this in the future.
- One staff member told us, "As well as the (electronic) records system, we have accessible ways to support people in all aspects of their daily living. The care plans change, as do people's independent living skills."
- Communication was important for people whose relatives could not easily visit the service. A relative fed back to us saying, "With the help of [staff] my [family member] is able to call me. I too can contact them when it is convenient for them. We are able to communicate with [an App based video system]."

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.

- Staff supported people with a wide and varied range of options for pastimes, hobbies, interests, exercise and independent living skills.
- For example, for one person they had learned how to eat more healthily whilst having occasional treats. For another person they had been supported to go cycling in a safe environment. This had only been possible due to the strategies and planning to ensure people's goals were not limited.
- The manager was dedicated to ensuring each person lived a life they wanted, whilst enabling the staff team to explore all possibilities. These included, going for a walk and using distraction techniques so people got the benefit of a walk, but also a drink and snack at the end of it.

Improving care quality in response to complaints or concerns

- Staff were skilled in enabling people's concerns to be acted on. This was through the use of social stories, electronic devices, and observing behaviours and body language. For people this meant issues were acted on to prevent further concerns.
- The provider responded to complaints and adhered to their complaints policy. Apologies were offered if, and when, needed.
- The provider used compliments to identify what worked well. Relatives praised how well a consistent approach to boundaries, healthy eating and lifestyle choices had led to increased health benefits. One relative had complimented staff for enabling a successful chiroprapist visit for the first time in two years. For the person this meant their footwear was more comfortable. All this had been down to staff's commitment.

End of life care and support

- At the time of our inspection no person was in receipt of end of life care. However, the provider's end of life care policy was in line with the latest guidance, and records were in place, such as for resuscitation.
- Staff had received training in end of life care. The manager and staff team understood when it might be necessary to involve other health professionals including a GP.
- The manager ensured any religious considerations had been reviewed as well as involving relatives and advocates should any person suddenly become unwell.

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

- The manager had been in post for several months and had recently applied to be the registered manager. The delay in applying had been for personal reasons. All those we spoke with praised them highly for their approach to transforming people's lives. They understood and implemented their responsibilities under the Duty of Candour. Concerns, incidents and accidents were reviewed, reported to the CQC if needed, and the provider was open and transparent with people, relatives and professionals when things went wrong.
- The manager said, "It isn't always easy. Doing things in small steps and at people's pace of learning is paramount. It is better to do this and avoiding failure or people having a bad day. I have made changes to communications with relatives so there is a consistent approach to care."
- The manager was supported by a deputy, and operations' manager to help ensure all staff upheld the provider's values providing high quality, safe care. This also ensured effective oversight of the service by reviewing audits, care plan reviews, and observing staff, including unannounced checks of staff. Analysis of trends helped identify what had worked well.
- Staff were supported in their roles with training, supervision and being mentored by experienced staff. One staff member said, "The psychologists do reflective practise sessions with staff and PBS. These sessions helps reassure all staff, and about behaviour patterns with what's worked well, and how this has helped reduce the number and severity and intensity of incidents."
- The management team ensured risks had been identified and action taken to mitigate or remove risks. This was achieved through a consistent and positive management style. One staff member said, "I always seek, and get, assurance I am doing the right thing if there is an incident I have not come across before."

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

- A positive and consistent theme throughout our inspection was how open the management team were to suggestions from people's relatives, advocates and health professionals. One relative said that prior to their family member living at Ontario Court, the person's diet was (not healthy).
- The person had in previous services had an unhealthy diet. However, with removal of food colourings and a healthy lifestyle the person had occasional treats but lived a life, with less anxiety and more good days.
- The manager ensured that when things went wrong that effective actions and measures were put in place to help prevent recurrence. For example, removing items which could cause harm, and introducing calming strategies with changes to people's environment, and enough time to enjoy some relaxing sensory therapy.

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

- All the staff and management team shared the passion to care for people well. There was a range of mechanisms which supported people and staff. These included formal meetings as well as hand over sessions and support from the management team. Staff were supported to have the latest information through communications diaries, daily care notes and the care planning systems. These gave a detailed record of changes which staff adhered to in their care approach with people.
- The manager ensured engagement in other ways such as day to day conversations, e-mails, observations and feedback, such as compliments and quality assurance surveys. This had been of benefit to identify how best to address matters, and what action may need taking.
- Staff told us the management team encouraged and supported them to always put people first and foremost, and provide the best possible care. One staff member said, "I involve people verbally and also with their social stories or picture communications. It is about ensuring people really are listened to. Some people tell you in their way they are not happy. It's up to us to understand their actions."

Continuous learning and improving care

- The provider's systems for monitoring the service were effective in driving improvement.
- A range of audits, and subjects monitored included feedback from people, complaints and reviews of various records. People and relatives found the management team approachable and open to suggestions to improve the quality of service provision.
- The manager acted promptly about improvements when needed. For instance, by working with the provider and senior management to ensure people had the items they wanted, such as a swing.
- One relative was pleased about the way concerns were acted on. They told us, "I'm very happy with (the manager's) input since they have come to work at Ontario Court. I believe he's making a good job of my [family member's] difficult situation." This positive sentiment was shared by all those we spoke with.
- People's care was enhanced by staff known as key workers. The key worker acts as a focal point for people and their relatives and this helped ensure there was no limit on people's potential.

Working in partnership with others

- People received care and support from staff who worked in partnership with health and social care professionals to promote people's well-being. A proactive approach helped ensure better outcomes.
- A relative told us how successful joint working had been and said, "It's only now that with [the manager's] careful and compassionate planning that I can say he and his team are doing their best with my [family member]."
- The manager told us the involvement of health professionals, social workers and relatives had enabled people to attend a hospital appointment, which for one person was a first. One relative said. "Staff were amazing, they sang all the way to see the [health professional]. There is another appointment planned."
- The involvement of these professionals and joined up working with the manager meant people lived a better life. This had also led to people having less medicines, more social interests, less anxiety, and regular exercise.