

Orcadia Residential Home Ltd

Orcadia

Inspection report

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Date of inspection visit:
10 July 2023
11 July 2023
17 July 2023

Date of publication:
16 August 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Orcadia is a residential care home providing accommodation and personal care to 9 people at the time of the inspection. The service can support up to 9 people. Orcadia is a detached, adapted building set over three floors.

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

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.

Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were able to exercise their choices regarding independence, activities, and day to day decisions. People were supported to achieve meaningful outcomes and advocacy was available to those who needed it. Staff supported people to maintain and improve their independence and relatives and health and social care professionals were actively involved in this process.

Right Care

There was an established staff team who understood the wants, needs and wishes of the people they supported well. People received person-centred care where staff respected and promoted people's rights and choices. Relatives and professionals praised the staff approach which was described as, "Brilliant" and, "Amazing." Staff understood the importance of providing care and support which promoted people's dignity and privacy, and this was observed during the inspection.

Right Culture

The registered manager had instilled a positive and open culture at the service, which placed people at the centre of their care. Relatives and professionals praised the open and transparent attitude which was embedded in the service. Staff felt valued, listened to and were actively engaged in giving feedback to improve the service. Communication between the service and people's families was effective and relatives praised the positive atmosphere at the service.

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

Rating at last inspection and update

The last rating for the service under the previous provider was good, published on 19 Jan 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 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.

Orcadia

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

The inspection was undertaken by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 10 July 2023 and ended on 19 July 2023. We visited the location's service on 10, 11 and 17 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 spoke with 8 people about the support they received and 6 of their relatives. We spoke to 7 members of staff including the registered manager, deputy manager and support workers. We spoke with 4 healthcare professionals who visited the service. We reviewed 3 staff files in relation to recruitment, 3 people's care plans and 5 people's medicines records. We looked at a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff were trained in safeguarding and effectively used this knowledge to identify the potential signs and indicators of abuse. A staff member told us, "It's an everyday thing with safeguarding, when you see the hazards, you flag them up and report to our management. There's a myriad of things to look for."
- Referrals to the local safeguarding team had been made in a timely way where required. There was a safeguarding and whistleblowing policy in place to guide staff on how to identify abuse and raise concerns.
- Staff understood the importance of whistleblowing and felt confident in both raising and escalating concerns should they need to. A staff member said, "I would report something that going on in the home to the manager or senior manager depending on what it was, and I could go to the CQC."
- People and their relatives told us they felt the service was safe. They said, "The service is safe and safeguards [family member]" and, "I consider the service provided to be safe and provides the optimum balance of support and freedom for [family member]." A professional told us, "I have no safeguarding concerns for any of the residents I have seen."

Assessing risk, safety monitoring and management

- Risks relating to the environment were assessed and monitored to keep people safe. These included risk assessments of the electrical system, fire system and utilities. Moving and handling equipment had been serviced regularly and was well maintained.
- Where people had individual health needs, these had been risk assessed. This included assessing risks such as choking, falls and diabetes. Risk assessments were reviewed regularly to ensure people were supported safely. This included community specific activities and the use of moving and handling equipment.
- Staff and people they supported took part in regular fire evacuation drills, and people had emergency evacuation plans in place to guide staff on how to support them to evacuate the service safely.
- People had a hospital passport in place should they need to attend the hospital. This included information on their needs, risks and medicines in order to guide hospital staff in how to support them safely.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff knew the people they supported well, and the service benefitted from a long serving and established staff team. People told us, "The staff. They are all nice, they are a good bunch" and, "I know the staff really well." A professional told us, "There is a low turnover of residents and staff, so there is the opportunity to foster good relationships. The team is very stable which in turn has a positive effect on people's lives."

- Relatives spoke highly of the staff approach and praised the support delivered to their loved ones. They said, "The staff are brilliant, the care [family member] gets is amazing" and, "They [staff] are brilliant, they are the complete team. Very effective, and really friendly."
- Where people required additional support to access the community, this was provided and people benefitted from being supported by staff who understood their needs well.
- The service followed safe recruitment procedures including ID checks, employment references, and Disclosure and Barring Service (DBS) checks for new staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Medicines were stored correctly, and medication administration records were completed accurately by staff administering medication.
- Where people had 'as and when required' medicine, protocols were in place to guide staff in identifying when people needed pain relief. Staff understood and recognised when people needed their medicines and we observed people receiving pain relief medication during the inspection, and people knew and understood what medicines they were taking. Where people could not communicate they were in pain, there were also pain management care plans in place to guide staff.
- Staff completed training in the administration of medicines and received a subsequent assessment of their competency to administer medicines safely. These records were up to date and staff told us their medicines training was robust.
- Medicine stock balances were calculated correctly to ensure all medicines were accounted for. The management team carried out audits and took action to resolve any discrepancies.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The service was facilitating visits for people living in the home in accordance with current government guidance.

Learning lessons when things go wrong

- There was a system in place for recording accidents and incidents in the home. These were recorded in detail and control measures put in place to keep people safe.
- The registered manager investigated accidents and incidents and changes to care and support to promote safety were communicated to the staff team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained 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 in detail. The registered manager completed pre-admission assessments for people before they joined the service to ensure their needs could be met. People's care plans outlined their individual health and social needs, as well as their preferences. A relative told us, "The service makes an enormous effort to ensure [family member's] needs are met."
- Assessments of people's needs were made in the areas of medication, management of finances, moving and handling, hygiene, communication, sex and relationships and food and fluids. These records were reviewed regularly by staff and the people they supported, who had read and signed elements of their care plans.
- People told us they were able to exercise choice in their daily lives. They told us, "I like to go to bed quite late, around midnight" and, "They [staff] always offer choices." A staff member said, "Choices are a daily thing, people choose what they want, what they want to do. You give them options, it's their life, I would hate for someone to not give people choices."
- Where people had specific health needs, these were assessed, and plans were put in place to ensure they were met. A relative told us, "Everyone is treated differently according to their needs, the care people have here is very special" and, "The management team is very responsive to meeting [family members] needs and is proactive in reacting to changing conditions."

Staff support: induction, training, skills and experience

- Staff felt supported by the management team, and had completed mandatory training to ensure they could fulfil their roles effectively. Staff were supported to undertake qualifications in health and social care and records showed staff were up to date with their training, including for specific health needs, and they had the necessary skills and experience to meet people's needs.
- New staff completed an induction upon joining the service as well as a shadowing period, where they could get to know people well, observe existing staff providing support, and read key documentation relating to people and the service.
- Staff received regular supervisions from the management team to ensure they could give feedback and work towards developing in their role. This was further supported by an annual appraisal, where staff and managers could set long term goals and objectives for development.

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

- People were supported to eat and drink enough to maintain a balanced diet. People's care plans outlined their likes, dislikes and preferences in relation to food and fluids, and the consumption of these was recorded accurately. Staff understood the importance of ensuring people were hydrated and understood

people's food and fluid preferences well.

- The service operated a seasonal menu, and people had input into this process so they could exercise choice regarding food and fluids. We observed people freely accessing the kitchen to make drinks and refreshments for themselves and visitors to the service.
- Where people had specific health or nutritional needs, referrals had been made to relevant professionals and care plans outlined their needs in detail. We observed staff supporting people with eating and drinking modified diets in a safe, considerate, and compassionate way.
- People's weights were recorded and monitored regularly to ensure they were healthy, and supplements were introduced when people had lost weight.

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

- Staff worked alongside other agencies to ensure people received timely and effective care. Records evidenced staff supporting people to attend the dentist, GP and hospital appointments in accordance with their changing needs. A person told us, "They [staff] support us to go to the doctors and the dentist, they are good listeners."
- Healthcare professionals praised the staff approach and told us the staff ensured people's needs were met in a timely way. Visiting professionals told us, "The staff are very lovely, very proactive and very attentive. If they have concerns, they let us know promptly and how urgent it is" and, "Medical and physical conditions are being treated appropriately, with good contacts and relationships with other teams."
- People's care plans included detailed information on their health needs, and staff recorded changes to people's needs clearly, which were communicated with other members of the team. The registered manager understood the importance of working with other agencies to meet people's needs. A healthcare professional told us, "[Registered Manager] is great, they just get on with things, they have people's needs at the forefront."
- Staff understood the importance of encouraging people to participate in regular exercise to promote their health and wellbeing. We saw evidence of people attending regular swimming sessions, dance clubs and walks in the local community. Where people had limited mobility, staff supported them to undertake daily exercises. A relative told us, "It changed [family members] life and my life for the better when they moved there, their health improved massively."

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

- The service was adapted and designed to meet people's needs. People's bedrooms were person-centred, and people chose what colour they wanted the walls to be painted. People had their own bedding and décor to reflect their interests and preferences.
- The registered manager understood the importance of creating an environment which met people's changing needs. A stairlift had been installed so people could stay in their first-floor bedrooms when their needs had changed, and a walk-in jacuzzi bath had been put in place to ensure people with limited mobility could still access a bath if they wanted to.
- The service had a large, secure and well-maintained garden area which people enjoyed using. There were plans to create a sensory garden and a vegetable and fruit plot, so service users could use the existing polytunnel to grow their own food.
- People and their relatives praised the home environment. They said, "It is a beautiful home with exceptional staff" and, "The home is very clean, they are always upgrading it. It's a very friendly place, it's like one big home. I've got piece of mind."

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. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working in accordance with the MCA and people's rights were respected. Mental capacity assessments were completed in areas such as medicines administration and management of finances, and best interest decisions were made where appropriate.
- Where people did not have capacity, appropriate applications had been made to deprive people of their liberty. Applications were monitored and where a DoLS was authorised, staff supported people in accordance with this.
- Staff were trained in the MCA and understood the importance of consent and supporting people to make decisions. They told us, "People can't always make decisions for themselves, sometimes they can but not for bigger decisions, it's about making decisions in their best interests" and, "You should always ask people, and for those who don't understand, you approach it in a way that is easy for them to understand."
- Where people could not always understand decisions relating to their care, advocacy services were used to ensure people could express their needs and choices. A professional told us, "There is a transparency between contact and involvement, which I think is extremely important when a person lacks mental capacity to consent to accommodation and care and support arrangements. People are supported in a person-centred and least restrictive way."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained 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 supported by staff who respected them as individuals. Care plans outlined what was important to people regarding their needs, wishes, aspirations and cultural needs. Staff had received training in equality and diversity and there was a policy in place to support this. A person told us, "They're [staff] good, they are patient, if you need help with something they will always do it." A staff member said, "People are all individuals with different likes, dislikes, wants and needs. You've got to take that into consideration. It's about supporting the individual rather than the group."
- People and their relatives praised the staff approach to care and support and their attitude towards person-centred care. They told us, "Staff pay close attention to [family member]. Once their needs became different, they met everything. They have been brilliant." A professional told us, "Care staff appear very caring and to have good positive relationships with people."
- Where people had religious or cultural beliefs, these were recorded in their plans. People were supported to attend church on a Sunday if they wished to.
- We observed staff interacting with people in a friendly, warm and respectful way. Humour and touch support was used appropriately, and staff took an active interest in what was important to people in their lives. A relative told us, "I am grateful to all the staff for providing a top class and caring environment. [Family member] is extremely happy at Orcadia."

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

- People were supported to express their views and to make decisions regarding their day to day lives. People attended 'resident meetings' where they could suggest ideas for improvement and new ideas. Records showed people were engaged in this process and actions from the meetings had been completed as new activities had been planned and introduced as a result of people giving feedback.
- People gave feedback and input into the menu planning process. People had chosen to have a BBQ every other Sunday in the summer and staff were facilitating this.
- People were invited to complete feedback forms on the care they received. Staff supported them in completing this and the feedback was very positive. Where possible, people had worked with staff to review and sign their own care plans, having direct input into the delivery of their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their dignity and privacy. Staff understood the importance of this and told us of practical examples of how they achieve this. We observed staff knocking on doors before entering people's rooms, obtaining consent before providing care and ensuring people were

supported with personal care in a timely way.

- Relatives felt their family members were supported in a respectful and considerate way. They said, "The care provided by all staff is excellent. The attitude towards all residents is very caring and provides a happy and loving environment" and, "It never feels like a care home, it's very homely indeed. A lot of that is to with the staff, they have treated [family member] with dignity at all times. They're kind and professional."
- Staff understood the need to encourage and support people to be as independent as possible. People were supported to undertake living skills such cleaning their rooms and communal areas of the service. A person told us, "They [staff] support us to do different things, I do most of the cleaning myself." People had been supported to develop their communication, take up exercise, access the local community and use public transport. A relative told us, "They [staff] encourage [family member] to have confidence in themselves and promote independence where possible."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Staff delivered person-centred care and support to people, ensuring they had control over their daily lives. People had designated key workers, who are staff who support them consistently and know their needs well. People were able to tell us who their key workers were and spoke positively of them. They said, "My keyworker is [staff member]. They talk to me about things, and they are a good keyworker" and, "[Staff member] is my keyworker, they're great, they make me laugh."
- Staff had a strong understanding of the importance of offering choices to people as frequently as possible. We observed staff doing this consistently throughout the inspection. A staff member told us, "We offer choices, so people feel empowered. You should give people power and freedom to choose what they want to do and where they go. We try and facilitate everything people want to do; staff are really good and flexible in meeting people's needs."
- Care plans contained a 'personal profile' outlining important information about people at the service. People also had a 'story of my life' care plan, which described their life journey, so staff could better understand their personal history and preferences.

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 AIS 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.

- The service was working in accordance with the AIS and people's communication needs were met.
- People had communication care plans in place to ensure staff could respond to people effectively. These included information on different communication methods, such as vocalisations, use of communication aids, facial expression and body language.
- Where people might display feelings of distress or anxiety, visual aids were used by people to help them express their emotions clearly.

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 maintain relationships and take part in meaningful activities. We observed family members visiting their relatives at the service, and people spoke with their relatives over the phone frequently. A relative told us, "The registered manager is great, they always keep me informed." A professional said, "There is a good emphasis on maintaining family contact for people."

- People were engaged in a range of activities both in the service and in the local community. Records evidenced people taking part in picnics, park walks, swimming, shopping trips, social clubs and annual holidays. Relatives told us, "[Family member] has a full schedule of weekly activities, social events and educational activities" and, "[Family member] is an extrovert and thrives on social interaction. The service is mindful of meeting these needs."
- People were supported to undertake voluntary placements in the community, and were encouraged to walk, take public transport, or use transport with staff where appropriate. This gave people a feeling of empowerment and purposefulness, and they spoke positively about attending their voluntary placements. A relative told us, "[Family member] is encouraged to work in the community in a voluntary capacity and they love every minute of it."
- People exercised choice and preference in the activities they attended. People were continuously suggesting new ideas for meaningful activities, and records evidenced staff supporting people to attend these. A professional told us, "There is an emphasis on maintaining independence be that personal care, travel, or relationships. People are fully encouraged to determine outcomes."

Improving care quality in response to complaints or concerns

- At the time of the inspection, the service had not received any complaints or concerns. However, there was a system in place for recording and responding to complaints should they arise. People had access to an accessible complaints form to aid them in raising a complaint should they want to.
- People told us they had no complaints or concerns regarding the service. A relative said, "I have no concerns regarding the care and support provided." A professional told us, "The feedback I have had from people's families has without exception been very complimentary of the home and the care provided."

End of life care and support

- People were supported with end of life care in a caring and compassionate way, by staff who understood their needs well.
- People had care plans which outlined their end of life wishes and preferences in detail. A relative told us, "We had long discussions about end of life care and support, and they [staff] listened to me and were very helpful and guided me through the process."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained 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; 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 registered manager had worked to instil a culture of person-centred care, which empowered and enabled people to achieve meaningful outcomes. Relatives told us, "[Registered manager] is excellent. They are there for people 100 percent" and, "[Registered manager] is very professional at all times, they're very good at looking at things that might need to change and they put things in place. They are a very good manager indeed."
- Staff told us they enjoyed working as part of a small team where morale was high, and people benefitted from being supported by staff who knew their needs well. Staff told us, "It's a very happy environment, its brilliant, we are really supported by management, and we all support each other" and, "The registered manager is brilliant. I couldn't have asked for a better manager, they are great. They are very kind, very easy to talk to and let you know what you're doing well. It makes everyone want to do better."
- People told us they knew the registered manager well and spoke positively about their relationship with them. They said, "[Registered manager] is good, she's really nice" and, "The registered manager is excellent." A professional told us, "The care is excellent, people are encouraged to live full lives, contribute to the community, and achieve goals."
- Staff believed firmly in supporting people to achieve positive outcomes, and we saw evidence of people being supported to do this. A staff member told us, "It's really nice, we do see people progressing."
- Staff felt valued and listened to by management. They felt confident in raising concerns should they need to and told us concerns would be addressed. A staff member told us, "It's like an open-door policy here, any issues and people will come in and tell us. The registered manager is very generous with their time, it's never too much trouble if there's an issue."
- The registered manager worked in an open and transparent way and understood their responsibilities under the duty of candour. The registered manager had submitted statutory notifications to the CQC of notifiable events in a timely way.

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

- There were systems and processes in place to assess, monitor and improve the quality and safety of the service, and mitigate risks relating to people's health, safety and welfare. These systems included audits which were effectively operated.
- Actions arising from these audits had been completed in a timely way, which evidenced continuous

improvements being made.

- Managers and staff understood their roles and responsibilities well. Staff received clear job descriptions and had a firm understanding of how to fulfil their duties. Staff told us of the importance of following risk assessments and were actively involved in updating and reviewing care plans.

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

- People felt engaged in the running of the service and had active input into the delivery of care and support. People were assigned key workers who worked closely with them to ensure their support was consistent, and ideas for improvement or changes to their care and support could be shared.
- People and their relatives felt there was good communication within the service, and their feedback was sought frequently through feedback forms and surveys. A relative told us, "I speak to registered manager over the phone, and we get questionnaires. They are on the ball" and, "We get regular emails asking for feedback and what we think of the service and that sort of thing. We get updates all the time."
- Staff attended regular meetings where they could discuss ideas for improvement and raise concerns should they need to. A staff member told us, "The meetings are really good, it's not nit-picking, its open to new ideas and we look at how we can improve things."
- The registered manager sought feedback from professionals who visited the service to engage them in improving practice. A professional told us, "People and their family members are encouraged to be active in the review process and setting goals. There is a good emphasis on maintaining family contact, integration into the community, reaching goals, assessing positive risk taking and development. Most residents can go through their care plan with you, conduct fire drills and complete independent life skills."

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to providing care and support which developed and improved in response to people's wants and needs.
- We saw evidence of people achieving positive outcomes in their ability to communicate, access the community, fostering of positive social relationships and taking up new hobbies and activities.
- People's care plans evidenced the involvement of health and social care professionals, such as the GP, district nurses, advocates, social workers and professionals from the local authority.