

Consensus Support Services Limited

89 Hampton Road East

Inspection report

89 Hampton Road East
Feltham
Middlesex
TW13 6JB

Date of inspection visit:
04 December 2019
05 December 2019

Date of publication:
07 January 2020

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

89 Hampton Road East is a care home providing personal care for up to seven adults with learning disabilities. Seven people were using the service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

Staff were caring, treated people with respect and promoted their dignity, privacy and independence. Relatives said they felt people were safe and their care needs met.

People had detailed care and risk management plans and these were regularly reviewed. Plans reflected people's physical, mental, emotional and social needs and their care and support preferences. Staff were aware of and responsive to people's individual needs and how they wanted to be supported.

Staff supported people to manage behaviours that may challenge others in line with good practice. Staff felt supported by their managers and received an induction, training and regular supervision.

People were supported to be healthy and to access healthcare services. People received their medicines in a safe way and as prescribed. Staff supported people with their food and drinks appropriately.

The provider sought feedback about the service from people's relatives and other stakeholders. The provider had suitable processes in place for responding to complaints and concerns and used these to develop the service.

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.

The provider had arrangements in place to monitor the quality of the service and identify and take action when improvements were required.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection:

The last rating for this service was good (published 1 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

89 Hampton Road East

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector conducted the inspection on 5 and 6 December 2019.

Service and service type

89 Hampton Road East is a 'care home'. 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, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the provider informed us three days before the inspection that this registered manager was leaving the organisation.

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. This included information about important events the provider had notified us about that had happened at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection we met four people who lived at the service. The people had complex needs and could not describe to us how they felt about living at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four support workers, the team co-ordinator, and the provider's positive behaviour support specialist. We also met with an interim service manager and the provider's operational manager. We looked at the care plans for two people, the care records of four people, as well as medicines support records and a variety of systems related to the management of the service.

After the inspection

We continued to seek further information and clarification from the provider to validate evidence found. We spoke with four relatives and an adult social care professional who has worked with the service. We also tried to speak with another professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider completed risk management plans to assess and reduce risks to people's health, safety and well-being. These included assessments of people's care and support needs when at home and out in the community. For example, there were plans to ensure one person's nutritional needs were met and plans to support another person safely when they travelled in a car. The provider reviewed and updated these plans regularly.
- Where people were living with a health condition, such as epilepsy or a food allergy, the provider had given staff information and training on what this meant for the person and how to support them.
- Staff kept cleaning substances, equipment and other hazardous material in a separate room so as to protect people from risks of harm. We saw staff kept this room locked.
- The provider conducted a variety of checks to maintain and monitor a safe environment for people. These included checking water temperatures, window restrictors, laundry facilities and first aid provisions. We saw the provider audited these checks to make sure they took place.
- There were appropriate fire safety arrangements in place, which were assessed by a fire safety professional regularly. Staff checked fire safety equipment weekly and this was also inspected and serviced. People practiced regular emergency evacuations and records of these noted how people reacted and any learning to keep people safe. People had individual evacuation plans for staff to follow in the event of a fire or other emergency and staff were aware of these.
- The provider had contingency plans in place to support the safe running of the service in the event of emergencies.

Staffing and recruitment

- Staffing rotas indicated there were enough staff to keep people safe and meet their needs. Staff also told us they thought there were enough of them on shift. Most relatives said they thought there were enough staff. One relative told us when they had previously raised a concern about the staffing numbers at the weekend the provider had responded quickly to address the issue. One relative told us they did not think there had always been enough staff to provide some people with one-to-one support all the time, but this had improved recently.
- The provider did not use temporary agency staff to cover absences or vacancies. These were covered by the existing team or by staff who worked for the provider and people were supported by staff who they knew and could develop relationships of trust with.
- Staff recruitment records showed the provider completed necessary pre-employment checks so they only offered roles to fit and proper applicants.

Using medicines safely

- There were safe medicines management procedures in place and staff followed these.
- People's care plans provided clear information about their prescribed medicines and how they wanted to be supported to take these. There were protocols to guide staff on when they should support a person to take 'when required' medicines. These medicines are those given only when needed, such as for pain relief or in an emergency. Medicines, including controlled drugs, were stored securely in locked cupboards which only staff could access. Staff monitored stocks of medicines regularly.
- Medicines administrations records (MARs) set out the necessary information for the safe administration of people's medicines and staff had completed these appropriately.
- Staff supported one person to take their medicines with some food. Care records showed healthcare professionals had determined this was in the person's best interests as they lacked the mental capacity to agree to this. The provider had sought confirmation it was safe to mix the medicine with food from healthcare professionals.
- Staff had received training in providing medicines support and the provider assessed their competency to do so safely.
- The provider audited the medicines support and records on a monthly basis and took action to address issues these checks identified. For example, the provider had introduced 'topical' MARs after an audit found staff were not using these to record when they supported a person to use a prescribed cream.
- The provider had checked if people were prescribed medicines to help them control their behaviour. Staff worked with healthcare professionals to review and potentially reduce these medicines. This supported the national STOMP initiative to stop excessive use of these medicines. (STOMP stands for 'stopping over-medication of people with a learning disability, autism or both with psychotropic medicines'.)

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they thought people were safe.
- Staff had completed safeguarding adults training. Staff we spoke with knew how to recognise and respond to safeguarding concerns. They felt they would be listened to and responded to by managers if they reported such concerns. Staff also knew about whistleblowing processes and how to escalate concerns to other agencies if required.
- Staff recorded when they handled people's money. We saw these records were up to date, checked a number of times each day and were correct when we visited. This helped to protect people from the risk of financial harm.
- The provider had reviewed its safeguarding adults policies and procedures since our last inspection, in line with current legislation and good practice.

Preventing and controlling infection

- There were appropriate arrangements for preventing and controlling infection.
- Staff received training in infection control and had access to personal protective equipment such as gloves and aprons. Staff told us there was always enough of these available to them in the sizes they required. There was antibacterial hand gel and handwashing soap around the home for people and visitors to use.
- We saw the environment was clean and suitably maintained. The provider had arranged in the month before our visit for a contractor to 'deep clean' the home on a monthly basis so as to help with this. The staff carried out daily and weekly checks to maintain cleanliness.
- People using the service were supported to have the seasonal flu vaccination if they chose, to help reduce the risks of contracting or spreading infection.

Learning lessons when things go wrong

- There were procedures in place for responding and learning from incident and accidents. Staff recorded

what happened and how they responded to incidents. Managers reviewed these records and identified lessons for how to reduce the risk of an incidents re-occurring.

- A relative told us the provider took action in response to incidents and learned from these. For example, the managers addressed staff performance issues and adapted people's support arrangements, such as increasing support for a person when they went out in the community.
- Support staff told us they were able to discuss incidents with senior staff afterwards so they could reflect on and learn from what had happened.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Most people had lived at the service for a number of years and their care and support needs were set out in care plans that were reviewed regularly.
- We saw the provider had assessed the needs of a person who had moved to the home within the last year. The assessments were clear, and covered different areas of the person's daily living, such as their care and healthcare needs, cultural background, activities, family and other important relationships and sexual needs. These informed the person's care and risk management plans.
- The service supported people who had a tendency to behave in ways others may find challenging. The provider's positive behaviour support team had devised plans to support people with these behaviours, in line with good practice guidance. The plans were based on understanding what people's behaviours may mean for them and how their environment may affect them. They directed staff with a clear emphasis on proactive strategies to help people avoid things and situations they were known to dislike, so they were less likely to become upset.

Staff support: induction, training, skills and experience

- People were supported by trained and competent staff.
- New staff completed an induction and training before being confirmed in post, which included completing the 'Care Certificate'. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. A new member of staff told us they shadowed more experienced colleagues when they started. This helped them to understand how to support people in line with their care plans. They commented, "[The staff] are nice, cooperative. They help you a lot."
- Staff records showed staff had undertaken a range of training to be able to support people competently. Staff told they found the training helpful and accessible. One support worker said, "I love training. I'm always up to date. I always chase my manager [for more training]." Senior managers monitored training records to make sure staff completed this or refreshers of it when required.
- Staff told us they felt supported and listened to by their seniors. Staff received periodic supervisions and annual appraisals with their line-managers. These included discussions about staff performance and the well-being of people who used the service.

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

- People had enough to eat and drink enough and maintained a balanced diet.
- Care plans stated what foods people liked and disliked. Relatives said they felt people were supported to eat and drink healthily. One relative said, "They're brilliant with [the person]'s food," and described how over time staff had supported the person to try different foods. This meant the person ate more varied diet than they used to.

- People's care plans clearly recorded information about their allergies. Staff knew about people's allergies and how to keep them safe around certain foodstuffs.

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

- The building appeared suitable to meet people's needs. People had en suite bathrooms, which were clean and free from unpleasant odours.
- People were involved in some decisions about how their home was decorated. People were able to personalise their rooms and staff described how they involved some people in choosing paint colours for their rooms earlier in the year. A relative told us they had been consulted about this as well. We observed some staff involving people in decorating a new Christmas tree during our visit.
- There was a sensory room in the garden people could access with staff support when they wanted.

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

- Staff supported people to access healthcare services and to have their health needs met. People were supported to attend annual health checks and appointments with consultants, opticians, and GPs. People's health action plans provided information about them, their healthcare needs and the support they required to meet those needs. Relatives also told us they were confident people's healthcare needs were supported and we saw a healthcare agency had complimented the service on the care provided.
- The provider had worked in collaboration with relatives and other support providers when a person moved to the service so as to understand and plan to meet the person's needs.
- People had hospital passports in place. These documents promoted person-centred working with other healthcare agencies because they described how people communicated, what was important to them and what they needed support with.
- Staff supported people to maintain their oral health and this was included in their care plans and record of daily care. Staff assessed and regularly reviewed the support people needed for this. We saw people were supported to access dentists. Staff had completed online oral health training and managers were aware of good practice guidance for supporting people with this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- The provider had worked with the local authority when it considered people lacked the capacity to agree to their care arrangements and these may have amounted to a deprivation of their liberty. We saw the provider obtained a copy of the legal authorisation when a person's deprivation of liberty had been authorised.
- The provider assessed people's care to make sure they were supported in ways that were the least restrictive on their liberty while helping them to stay safe from harm. For example, staff needed to store one

person's shaving razor safely for them and this was set out in their care plan.

- Staff had received training regarding the MCA and we saw there was also information about working to its principles available to staff. Staff we spoke with could explain how they helped people to make day to day decisions about their care and activities they may or may not want to do. People's care plans set out how they communicated and how staff should support them to make such decisions.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives spoke positively about the way they thought staff treated people. Relatives comments included, "They're very kind and helpful", "I just think they are great with them" and "[The home] has a nice feeling to it."
- Staff spoke about being motivated to treat people well. They told us, "I want to make a difference in people's lives" and "I'm happy, I feel very attached to the guys here." During our visit we observed staff speaking with people in a friendly and attentive manner. An adult social care professional told us they had observed staff treating people respectfully.
- Staff demonstrated a good understanding of the people they supported. For example, staff spoke about people's likes and dislikes and what personal daily routines were important to them.
- Staff had received training in promoting equality and diversity in their work. People's care plans recorded information about people's religious and cultural beliefs or background. Staff told us the service did not currently support anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities.
- People's care plans recognised how people may express themselves sexually and how staff should support them sensitively with this.

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

- Staff helped people to make day to day decisions about their care. For example, staff knew some people's choice about the cutlery they used was important to them and staff respected this. One support worker explained how they enabled a person to make decisions about the different activities they wanted to do.
- We saw one person was supported to write a daily list of things they wanted to do on each following day. Staff recognised this routine was important for the person to feel relaxed and able to make decisions about their care and this was recorded in the person's care plan.
- We saw people and their families were involved in planning and reviewing their care. This gave people an opportunity to make decisions about their care and support arrangements.
- Meeting records showed key workers regularly met with people to consider their care and support. A key worker is a member of staff who has responsibility for overseeing and coordinating the assessment and care planning process of specific people who use the service and to promote continuity of their care. These records indicated people had opportunities to express, where they were able to, views and make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence. Relatives told us they thought staff were

polite and treated people with dignity and respect.

- Staff explained how they promoted people's privacy and dignity when providing personal care. This included making sure doors and curtains were closed, wearing gloves, seeking people's consent, and communicating with them at all times.
- We saw there was information about promoting dignity in care publicised for staff in the office. Staff had supported people to adapt the windows in their rooms so they were obscured from the outside. This helped to protect people's dignity and privacy.
- Staff described how they supported people to be independent. For example, encouraging people to wash themselves whenever they were able or organising a person's clothes so they could make choices about what they wore. One support worker told us, "You have to let [the person] do it, run their own show."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 care and support in a planned way that recognised and reflected their individual needs and personal preferences. Most relatives told us people's support met their needs and people had a say in how their needs were met. A relative said, "[The person] always has a choice, and they respect that."
- People's care and risk management plans provided personalised information about them, such as their physical and social needs and their care and support preferences, likes and dislikes. For example, plans indicated if people favoured baths or showers, how they liked to be supported to shave and dress, and if they preferred to use any particular toiletries.
- People's care plans also enabled them to direct their care as their plans set out detailed information on how they preferred to be supported by staff. For example, plans described what a good or bad day looked like for people, what things were important to and for them, the activities they liked to do, and routines staff needed to maintain with people so they did not become anxious.
- During our visit we observed staff being responsive to people's needs. For example, responding immediately to a person's interactions and requests, which was in line with their care plan.
- Daily care records showed people received care and support to meet their needs as planned. The managers and positive behaviour support team reviewed these regularly to make sure people received to right support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in detail in their care plans, which staff followed. For example, plans had clear information about how people communicated when they did not use words and how staff should support people to make decisions in specific situations.
- Staff used visual aids to promote communicating with people. For example, staff used a series of pictures as prompts for when supporting people to wash or a pictorial board of activities to help people plan their day or week. Key worker reports indicated staff used Makaton to communicate with some people and involve them in meetings. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.
- Staff we spoke with described how they understood the ways in which different people communicated and how they helped them to make choices in their daily living. For example, using pictures or objects to give a person two clear options for activities to do, which they pointed at to make their choice. An adult

social care professional told us they had also seen staff communicating appropriately with people.

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 to maintain relationships outside of the service by keeping in touch with their relatives. For example, staff supported people to travel to their families regularly and a relative described how staff will support a person to buy, write in and send birthday cards to their wider family. Relatives visited regularly and told us they felt welcomed by staff. They said staff were able to give them information about how their family member had been.
- Staff supported people to take part in a variety of different activities throughout the week which included going to the gym, college, swimming, shopping and other trips out in the community. We saw people had weekly activity plans to guide staff in what activities to offer people. Relatives told us people were supported to do things that they liked. One relative said of their family member, "[The person] likes to be out and about, they're an outdoors person. They're out a lot." A relative expressed some frustration as they had felt over the last year they needed to make sure staff were supporting their family member to be active, but they thought this had improved now.
- We saw evidence staff had recently supported a person to attend a classical music concert at the Royal Albert Hall. Staff had also supported another person to attend a short break holiday as part of a celebration event organised by the provider for people using its services.
- Staff we spoke with were proud they had developed relationships of trust with a person who was often reluctant to leave the home, which meant staff could encourage them to go out more. The person's relative confirmed this had happened. This meant the person had experienced more opportunities to engage in activities and a reduced risk of social isolation.

Improving care quality in response to complaints or concerns

- The provider had appropriate policies and procedures in place for handling complaints.
- Relatives told us the provider gave them information on how to make a complaint. They said they felt they were listened to when they did raise a complaint or concerns about the service and these were resolved. We saw the provider responded to concerns and requests raised by relatives. For example, we saw evidence of the area manager communicating frequently with people's relatives regarding people's care arrangements.

End of life care and support

- No one was receiving end of life care at the time of our inspection. People were not currently older adults and had not been diagnosed with life-limiting conditions.
- However, the provider had worked with some people and their families to consider potential, future end of life care needs and recorded this in their care plans. The provider had recorded an advanced statement with details of the person's preferences and preferred place of care at such a time, where people had wanted this.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives mostly spoke positively about the service. Their comments included, "On the whole we're very happy", "[The person] seems happy, we're happy" and "I've always got a good vibe about the place." An adult social care professional told us they thought the service supported people well.
- Staff spoke in an encouraging manner about working at the service. Their comments included, "I am proud of the team, they don't leave anyone behind, everyone goes out" and "Good team leader, good team."
- The managers described a clear vision for the service based on the organisation's values and a commitment to improve service provision.

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 had processes in place to respond to concerns about people's care when things may have gone wrong. We saw the registered manager or area manager had responded to relatives' concerns appropriately and apologised when errors had been made. However, some relatives told us they felt they had not always got responses or an apology in a timely manner.

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

- There had been several management changes at the home since our last inspection and the registered manager had just left prior to our inspection. Relatives said the provider had informed them of these changes, which some felt could be unsettling for people for a while. Relatives said they hoped things settled again with the new manager in the next year.
- The provider had a range of systems in place to check on and maintain the quality of the service. These included monthly audits by the senior managers, an unannounced inspection and checks in line with the CQC's key questions. We saw the provider took action in response to these checks and had recently implemented a new service improvement plan based on their findings. This included addressing staff training, refurbishing some of the communal areas and introducing more delegated responsibilities for staff.
- We saw the provider's 'Quality Checker' Team had visited the service earlier in the year. These are people who have personal experience of using this type of care service. This initiative enabled the provider to gain another perspective on people's experience of the service, what was working well and what might need to improve. We saw staff had responded to the Quality Checker's recommendations, such as attending to the garden's upkeep regularly.
- The provider informed the CQC of important events that happened in the service as required and

displayed the previous inspection rating at the service and on the provider's website.

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

- People and relatives had opportunities to be involved in and influence the running of the service.
- Some relatives said staff kept them informed with weekly updates about how their family member was and what they had been supported to do. One relative commented, "I'm always kept in the loop with everything." Other relatives told us they thought staff could sometimes be more proactive in letting them know about things, such as staffing changes or give more notice about people's care review meetings.
- The provider invited relatives and other stakeholders to complete annual surveys so they could give feedback about the service. We saw people had given positive feedback in their responses. One adult social care professional's response stated, "In my opinion, the house is very well run and service users' needs met."
- The managers held assorted meetings with the staff to discuss the running of the service. There were regular team meetings where staff discussed people's well-being, support practice issues and improving communication with people's relatives. There were periodic health and safety meetings where staff discussed maintaining a safe environment in the home. One member of staff said, "We discuss what we can do as a team. It's all to do with team work here." Another support worker told us their trainers took on board their suggestions about working with people, such as how to support a person in the community safely.

Working in partnership with others

- The service worked in partnership with other agencies, such as social workers, consultants and healthcare professionals, to help to provide coordinated care to people.
- We saw the staff and managers worked with both the provider's positive behaviour support team and external behaviour consultants to help provide joined up care to people.
- An adult social care professional told us they had found staff and managers to be open and engaging with them. They described how the staff had also prepared documents and information in advance of meetings about people's care and support, which had helped collaborative working.