

Freeways

Jonathan House

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Jonathan House is a care home providing accommodation and personal care to a maximum of seven people who have learning disabilities, autistic spectrum conditions or additional needs. At the time of the inspection seven people were receiving care and support at the service.

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 and what we found

At the last inspection, some improvements were required to meet infection control requirements. At this inspection, the provider had carried out extensive building work and now met all safety and infection control requirements.

The service was exceptionally responsive because support was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. Staff always supported people to feel in control of their lives and respected people's choices.

People and their relatives used a range of methods to provide very regular feedback. They felt their concerns were listened to and appropriate responses received. Technology and alternative methods of communication enabled people to access information in the way they preferred and understood.

People were very actively supported to follow their interests and take part in a wide range of meaningful activities within the service and the community. These reflected their preferences, social and cultural needs and improved their confidence and self-esteem. People accessed a variety of opportunities and lived as full a life as they wished. Staff understood the importance of people taking part in socially and culturally relevant activities and were extremely flexible in supporting people.

People were safe and protected from avoidable harm or abuse. Staff understood their responsibilities in relation to safeguarding. The service had systems in place to keep people safe and where risks had been identified, actions were taken to manage risks where possible. Staff supported people to manage their medicines safely.

People were supported by regular staff who knew them well. Staff were safely recruited and received training which equipped them to effectively carry out the requirements of their job. Staff felt supported and

received regular supervision.

Care plans were personal, detailed and regularly reviewed. These reflected people's assessed needs and gave staff guidance about what people could do for themselves and how best to provide 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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's healthcare needs were identified, and routine and specialist healthcare services were regularly accessed. Staff worked with other agencies and professionals to ensure people received effective care which met their needs. People were encouraged to have a balanced diet in order to remain healthy.

People were supported by caring and compassionate staff who treated them with dignity and respect. All the feedback we received about the service, staff and the registered manager was positive.

The registered manager was keen to continually improve and develop the service. Governance systems were in place to monitor quality and performance and actions were taken when shortfalls were identified.

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 14 August 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?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Jonathan House

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

The inspection was carried out by one inspector.

Service and service type

Jonathan House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This included notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This helps to support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with three people about their experiences. We spoke with three members

of staff, as well as the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, audits and health and safety documents were also reviewed.

We considered this information to help us to make a judgement about the service.

After the inspection

After the inspection we spoke with the family of three people who used the service and two professionals who visited the service. Their comments have been incorporated into this report.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- At our last inspection in August 2017, people were at risk because the configuration of the building and storage of cleaning equipment was not always safe. Following that inspection, the provider carried out extensive building work to improve the layout of the building and meet safety and infection control requirements. At this inspection we found the service had met these requirements.
- Systems and processes were in place which reflected current guidance. Staff understood the importance of cleanliness and hygiene in the service, and regular checks were in place to ensure standards were maintained.
- The home was very clean and free from unwanted odours during our inspection.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe at Jonathan House and with the staff who supported them. Comments included, "This is my home and I feel safe" and, "Staff help me to be safe."
- Relatives told us they felt their family members were safe. One relative said, "Yes, they're kept safe. Always."
- Systems and policies were available, and staff had received safeguarding training to help keep people safe from abuse or harm.
- Staff knew how to help keep people safe and understood how to report and identify different types of abuse. Staff were clear they would act if they had concerns. One staff member told us, "People are 100% safe here. I've whistle blown in another job. I wouldn't hesitate if I had concerns."

Assessing risk, safety monitoring and management

- The environment and equipment were safe and well maintained. Regular checks were carried out including building safety, security and the monitoring of services such as water and gas.
- Personalised emergency evacuation plans were in place and up to date. These provide information so that staff can safely support people in the event of an emergency. Fire systems and equipment were regularly checked and serviced.
- Individual risk assessments were in place and these were clear and up to date. The risk assessments in people's care files included guidance about medicines, smoking and specific health conditions.

Staffing and recruitment

- The number of staff on each shift reflected people's individual needs and this was flexible when people needed additional support. A staffing risk assessment had recently been carried out.
- The service had one staff vacancy at the time of our inspection. People and staff had agreed that gaps in the rota would be covered by regular bank staff rather than agency staff. This provided consistency and stability for people.

- A plan was in place to recruit new staff, and safe recruitment and selection procedures were in place. The provider stored recruitment information centrally away from the service, but we saw evidence that recent pre-employment, criminal record and other checks had been carried out. These checks consider whether staff are suitable to work with vulnerable people.

Using medicines safely

- Medicines were stored safely and securely.
- The Medication Administration Records (MARs) we reviewed had been completed correctly when medicines were administered. One person's MAR had been written in a simpler format to enable them to sign for themselves when they had taken their medicines.
- People had signed a specific consent form to indicate they were happy for staff to support them in taking their medicines.
- Staff received training in the management of medicines and regular competency checks were carried out.
- Medicines audits were carried out regularly to monitor safety and ensure risks were managed.
- Policies and protocols were in place to ensure 'homely remedies' and 'as required' medicines were administered safely. These documents reflected current best practice and national guidance.

Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents in the service.
- Incident forms were completed and regularly reviewed and analysed by the registered manager and by senior managers within the organisation.

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

- People's needs were assessed before they came to the service. This included their physical, mental and social needs.
- People's care plans reflected their needs and preferences. Staff followed the guidance in care plans to ensure they provided support which was appropriate and person centred.
- People's care and support needs were regularly reviewed and changes were made where needed to ensure information and support was up to date.

Staff support: induction, training, skills and experience

- Staff received training and had the right skills to meet people's needs. Staff were positive about the training they received. One staff member said, "I did some really good training last week. I learned, but we had a laugh too. It was very good."
- New staff completed an induction and a local orientation when they started in post. The local orientation was carried out by people who lived at the service.
- New staff were supported to complete the Care Certificate where relevant. This is a nationally recognised set of standards which gives staff the skills they need to provide support for people.
- Staff received regular supervision and appraisal. This gave them time to talk about their work or issues which were important to them. Additional supervision sessions had been provided after incidents.
- Staff told us they felt well supported and could speak with the registered manager at any time. One staff member said, "[Name] is brilliant. They're so flexible," and another told us, "[Name] is approachable and listens."

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

- People told us they enjoyed the food they had at Jonathan House. One person said, "Lovely, very nice," and added that they particularly enjoyed Sunday roasts.
- People took turns to prepare an evening meal supported by staff. One person said, "Staff help me cook meals. I help too."
- A weekly menu plan was available, and people showed us the individual choices they had made. This reflected a choice of balanced meals which supported people to maintain a healthy diet. People told us there were alternatives if they did not like what was on the menu.
- When possible, produce from the garden was used in meals cooked at the service.
- Staff were aware of people's specific dietary needs and supported people to ensure these were safely met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to access routine and specialist healthcare services. Records contained clear details of people's appointments and any actions or future plans.
- The service recently had to respond promptly to people's changing needs. Two people had been admitted to hospital and staff had worked closely with professionals to provide prompt and appropriate access to services.
- People were admitted to hospital with a copy of a personal 'hospital passport'. This document provides detailed information about individual needs and preferences which can be shared with healthcare professionals.
- Staff supported people to receive the support they needed. For example, one person had regular contact with a mental health nurse, and another person attended a local weight loss group.

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

- The environment met the needs and preferences of the people who lived there. Signage had been chosen by people and helped orientate people and promote independence.
- The whole building had been extensively refurbished since the last inspection, and was spacious, bright and modern. On moving back into the house after the building work was completed, people had chosen the pictures, photographs and furniture in communal areas.
- Communal areas were exceptionally clean and tidy and were decorated in a modern style which was welcoming and homely. The garden was very well used by people. One person had recently painted the wooden furniture in the garden, and others maintained the flower beds and grew a range of vegetables for the home.
- People's bedrooms were decorated in the way they chose and reflected their interests and preferences.

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.

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.

- No-one living at Jonathan House was subject to Deprivation of Liberty Safeguards.
- Staff received training in the Mental Capacity Act and DoLS.
- People had the capacity to make day to day decisions, and staff respected this.
- Mental capacity assessments were carried out when required for specific decisions to ensure any actions were in the person's best interests and not restrictive. Other people were involved in these meetings.

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

- People told us they liked the staff who supported them. One person said, "The staff are good. They're kind people."
- Relatives told us, "The staff have been fantastic. They've done everything they could, really gone over and above," and a professional said staff were, "Brilliant. Better than ever in the last few months, they're really motivated."
- Staff had good relationships with the people they supported and knew them well. One staff member said, "We get to know people so well, and we have time to spend with them."
- People's diverse needs were respected, and staff aimed to provide person-centred care which was compassionate and empathic.
- A 'cultural calendar' had been created by staff and a person at Jonathan House. This highlighted key events and festivals which were of interest to people. For example, a Valentine's disco, church events and sporting fixtures.
- People's care records included information about issues such as cultural, dietary and gender needs, and staff received training in equality and diversity. One person's care record stated going to church, football matches and visiting their family were particularly important to them. We saw evidence that they had been supported to do all of these.

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

- People were involved in making day to day decisions about the care and support they received.
- People were very actively supported to express their views using a range of innovative methods. For example, people could choose whether they preferred to write on an easy to read form, speak with staff, or use an electronic tablet.
- Surveys were regularly completed by people and relatives. Feedback was positive, and people indicated they were happy living at the service and with the support they received.
- Most people had family who could help with decisions when necessary, but for individuals with no family representative, independent advocates provided support.
- Decisions about the running or set up of the home were made by people and staff together. For example, people had voted about which dining chairs they preferred when new furniture was being purchased.
- People's relatives told us they were involved in decisions and changes to the support provided. One relative said, "They always keep in touch. They keep me up to date."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. For example, staff knocked on people's bedroom doors and did not enter a person's room if they were not present. Staff spoke respectfully about the people who lived at Jonathan House.
- One relative said, "[Name] really values their privacy, and they have their own en suite bathroom. That's really important for [Name]."
- People told us they could go in their bedroom at any time and be alone if they wished.
- People were supported to be independent and were expected to carry out a range of daily living activities such as personal care and household tasks with support when needed.
- Since our last inspection, some people had been supported to move on to live in more independent settings in the community. One person had lived at Jonathan House for around 30 years, but staff were supporting them to move to more independent accommodation in the near future. This showed that people were encouraged to develop and realise their ambitions.

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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received exceptionally responsive support which was tailored to meet their individual needs and preferences. A professional told us, "[Staff] are very, very responsive. They look after people as individuals. They're brilliant."
- People chose their own 'keyworker' based on interests, personality and values. A keyworker is a named staff member who knows the individual particularly well and works closely with them. People met with their keyworker consistently each month to discuss their support needs, care plans and future goals and were involved in decisions about their care. This empowered people to take control of their lives. One person said, "I do it all myself. The staff do help, but I can do it." Care plans and records were followed and were updated after these meetings or as needs changed. This meant people's care was highly personalised and consistently responsive to their needs.
- People's care plans contained person-centred information and identified things that were important to individuals. For example, relating to culture, religion and interests. People were encouraged to live life in the way they wanted. Care records provided current guidance for staff about how best to meet people's needs and preferences.
- Staff supported people to ensure they felt in control in different situations. For example, one person had to have a medical procedure, and staff used resources available on the internet to help them understand what would happen. This empowered the person and reduced their initial anxiety about a new and unknown experience. They told us, "It was good doing that and it wasn't too bad."
- Another person wanted to reduce a prescribed medicine. Staff worked extremely closely with the person's specialist team to do this in a safe and regulated way. The person's choice was respected and the support they received was exceptionally personalised. The staff team were very responsive in supporting the person to improve their quality of life, and the changes reflected the guidance given in the national STOMP (Stopping over medication of people with a learning disability, autism or both) project.
- One person chose not to complete a person-centred plan, but this was clearly recorded in their care file and their goals and needs were reviewed in ways the individual preferred. The person was empowered by staff to take control and make decisions, and information was recorded in a way which met their needs and reflected their preferences.

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.

- Staff had an excellent understanding of people's information and communication needs. These were assessed in line with the AIS and recorded in people's care plans.
- Staff shared individual's communication needs with other professionals when necessary.
- Pictures, photos and easy read information was available around the home to support everyone's understanding.
- One person was teaching Makaton signs to staff to improve their knowledge of this method of communication. An in-house assessment and award were being developed to recognise achievements. This responsibility gave the person great satisfaction and had increased their self-confidence.
- Staff used technology and alternative methods to communicate meaningfully with people. For example, people used an electronic tablet to give feedback about the service. An easy to understand app on the tablet enabled people to receive information and consistently share their views using methods which met their communication support needs and ensured they were able to raise issues and change aspects of the service.

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 follow their interests and take part in a wide range of meaningful activities within the service and the community. These reflected their preferences, social and cultural needs and meant people accessed a range of opportunities. People enjoyed the activities they took part in and told us these supported them to learn new skills, build confidence and develop connections in the wider community.
- Staff understood the importance of people taking part in socially and culturally relevant activities and were extremely flexible in supporting people. They supported people to achieve the best outcomes for them. This was in line with best practice guidance outlined in national service models such as Building the Right Support and the CQC's Registering the Right Support.
- Two people were very active members of the local church. They had roles including flower arranging, welcoming people and setting up the church for services. These people were well known and liked within the church community and had received positive feedback about their involvement from the vicar. They were integrated and accepted members of this community and they felt included and valued.
- People organised and ran a regular darts night at Jonathan House which people from other services in the local area attended. People had different roles such as co-ordinating and welcoming visitors, buying and preparing food, and managing money. People valued the responsibility this event gave them, and they were able to develop skills and improve confidence in specific tasks. The regular events enabled people to maintain long term friendships with people from other services, as well as develop new relationships in a supported and safe environment.
- The service had recently set up a Facebook page and regularly shared photos and information with people's consent. One person had re-established contact with their family through Facebook and social media with the support of staff. This had improved their wellbeing by giving them an additional support network and an opportunity to share experiences and memories together.
- The service was well known in the community and people were very actively involved in a range of local events. People had developed friendships and established support networks with neighbours, the local church and people at other services nearby. The registered manager told us a neighbour had recently brought flowers to the service, another had brought a cake for people, and 50 people visited Jonathan House during a local 'open gardens' day. Staff supported people using best practice guidance to ensure they were active members of the local community. People told us they felt happy being part of the community they lived in.
- One person was in a developing relationship. Staff sensitively supported them and had explored individual safeguarding and wellbeing issues with the person. This meant the person was safe and happy and felt able

to discuss any concerns with staff.

- People supported charitable causes and held fund raising events throughout the year. For example, staff and people arranged an event to raise awareness of dignity issues, and money raised by the service in 2019 was donated to the charity Shelter.
- Some people had well established volunteer roles, including with a local Girl Guide unit, charity shops and animal shelter. They were active in these groups and people had received very positive feedback from other volunteers and leaders in these roles. People were well integrated and valued and were proud of their volunteer roles and achievements.
- One relative told us that when their loved one moved to Jonathan House, staff spent a lot of time finding out about their routines and meaningful activities. This meant staff could more effectively support the person and encourage them to take part in activities which were relevant and important to them.
- Relatives said they were made to feel very welcome whenever they visited the service and told us how staff supported them to maintain contact with their loved one.

Improving care quality in response to complaints or concerns

- People were very comfortable providing feedback to the registered manager and provider and told us they would always speak to staff if they were not happy about something. Records showed that improvements were made where necessary, and concerns were always taken seriously, investigated and responded to by the registered manager. This reflected the principles of Registering the Right support and other best practice guidance, and staff supported people to have control and choice in all aspects of their lives.
- Staff actively encouraged people to raise concerns, as well as give positive feedback. An easy to read version of the complaints policy was available, and people used technology and different methods to give feedback depending on their information and communication preferences.
- Complaints and concerns were regularly reviewed, and themes were analysed.
- Relatives told us they had ongoing, open communication with staff at the service, and had not needed to raise any concerns. They said they would feel confident if they had to make a complaint.

End of life care and support

- No-one at the service was receiving end of life care at the time of our inspection. However, staff had recently provided care very close to the end of person's life. This person had moved to live in a nursing home when they required end of life care. Staff continued to visit and support the person to ensure their needs were being met in the way they preferred. The individual had no family, so when they passed away, staff at Jonathan House took the lead to ensure the person's funeral and care after death reflected their wishes and this was exceptionally personal. Staff and people talked warmly about the person and the importance of ensuring they had a unique and very personal funeral.
- Care records contained records of people's end of life preferences and plans. These were completed in ways which reflected individual's communication needs, understanding and capacity. End of life records considered people's culture, spiritual needs and other preferences. When people did not wish to discuss this topic with staff, this had been sensitively and clearly documented. This showed people's choices were respected and valued.

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

- Staff and the registered manager were committed to providing person-centred support in an open and honest culture.
- The values and vision of the organisation were reflected in the service, for example 'putting people first' and 'being active in the community'. Staff referred to these values and talked of their relevance day to day.
- Everyone we spoke with told us the service was well led and provided high quality, person-centred care. One relative said, "I have nothing but praise for Jonathan House."
- Staff spoke positively about the culture of the service and the staff team. One staff member described the service as, "A little pot of gold," and another said, "This is probably the best team I've ever worked with."

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

- The provider understood their responsibilities about informing families or different bodies when incidents occurred at the service. Incidents were treated as opportunities to learn and improve.
- The registered manager routinely updated families about changes or minor incidents. One relative told us, "[Registered manager] is amazing. He just rings up and always keeps in touch."
- The previous CQC rating was clearly displayed at the service and on the provider's website.

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

- The service was organised and very well run. Staff said they were clear about what was expected of them and explained that concerns or performance issues were always discussed.
- Staff felt supported to provide high quality, person-centred care. One staff member said, "[Registered manager] is brilliant, we're always listened to, so we can make sure people are safe and cared for."
- One relative told us, "The staff are very good. They know what they're doing."
- Systems were in place to monitor quality and performance and to ensure risks were managed. This included audits of health and safety, infection control and care records. Where shortfalls or areas for improvement were identified, a clear action plan was in place and was regularly reviewed. The registered manager recognised this as one of their key responsibilities.

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

- People were actively encouraged to be involved in the service and its development. For example, making environmental choices, giving feedback and supporting new staff.
- People were supported to voice their opinions. Regular house meetings took place, and people completed quality assurance questionnaires and regularly met with keyworkers. At the start of each house meeting, an update about actions from the previous meeting ensured changes had been made where necessary.
- Staff meetings were held regularly, and team days took place annually. Subjects such as oral health, record keeping and safeguarding had been discussed at recent staff meetings. At the last team day, staff had analysed areas of strength and weakness and identified opportunities, threats and actions to develop the service.
- Surveys were sent to families to seek their feedback. We saw information from a survey in October 2019. The feedback from families was entirely positive.
- Professionals were asked for their feedback when they visited Jonathan House. Visitors were positive, and one described the atmosphere as, "Relaxed, friendly and caring."

Continuous learning and improving care

- There was a very strong emphasis on improving care and learning at Jonathan House. The registered manager and the team had taken time to clearly record good news stories and explored services which were rated as 'outstanding' in order to learn and improve. The registered manager said, "We don't ever sit on our laurels, we always want to know how we can continue to improve."
- There was evidence that the service continued to learn from feedback and incidents. Feedback from people was often positive, and areas for improvement were addressed wherever possible.
- A person who lived at the service and a staff member had both recently been nominated for awards in recognition of their achievements.

Working in partnership with others

- Health and social care specialists provided support and guidance to ensure people received effective care, and to promote best practice in the service.
- People had exceptionally strong links within the local community. There were positive connections with neighbours, the local church, voluntary organisations and community groups.