

# TLC CARE HOMES CLACTON RESIDENTIAL LIMITED

## 21 Mill Lane

### Inspection report

21 Mill Lane  
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Date of inspection visit:  
10 November 2022  
11 November 2022

Date of publication:  
08 December 2022

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

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

### About the service

21 Mill Lane is a residential care home providing personal care to 2 people at the time of the inspection. The service can support up to 4 people.

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

#### Right Support:

21 Mill Lane is in local residential area. There was nothing outside to show it was a care home. The building was a similar size to other properties with a large garden to the rear, which people had access to. People who used services, their families and other professionals had been consulted on the refurbishment of the premises. This had ensured the layout of the interior, decoration and furnishings supported the needs of people with a learning disability or autistic people.

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. Staff worked well with the providers positive behaviour support (PBS) team to ensure people received the right level of support to manage signs of distress and or frustration. Staff knew people well and were quick to notice changes in their behaviour and take swift action to provide the appropriate care and support to diffuse incidents quickly.

People were supported by a consistent staff team, who showed a genuine interest in their well-being and quality of life. They were kind, caring and nurturing and as a result we saw people were at ease, happy, engaged and stimulated.

People were supported to access healthcare services to promote their wellbeing and help them to live healthy lives. People received support to eat and drink enough to maintain a balanced diet and were involved in choosing their meals to meet their cultural and dietary needs.

#### Right Care:

People's care plans were personalised, covering all aspects of their current and longer-term needs. Staff spoke knowledgeably about tailoring support for people to meet their individual needs, goals and aspirations and how these could be achieved. People's positive behaviour support (PBS) plans had been developed in conjunction with staff and the providers PBS team to ensure staff know how best to support each person. Staff had been provided with training tailored to meet the specific needs of people using the service in line

with recognised models of care for people with a learning disability or autistic people. This ensured people were receiving person-centred care which promoted their dignity, privacy and human rights.

The service had enough staff to keep people safe and to enable them to take part in leisure and social activities, when they wanted. The numbers and skills of staff matched the needs of people using the service. Systems were in place to safely recruit new staff.

Staff understood people's individual communication styles and we saw they had developed a good rapport with them. People were supported to develop and maintain relationships, follow interests and take part in hobbies and activities that were socially and culturally relevant to them.

Systems were in place to ensure people's medicines and infection; prevention and control measures were managed safely. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse. The manager worked well with other agencies to safeguard people. Investigations into incidents had been used as an opportunity to learn lessons, change practice and drive improvement.

#### Right Culture:

The provider had recognised people were at higher risk of the service developing a closed culture where they were highly dependent on staff to meet their basic needs. A new manager had been recruited and had been in post for 5 months. They had worked hard to instil a transparent, open and honest culture between people, those important to them, staff and managers. The manager was visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. They worked directly with staff and led by example. Staff were motivated and had confidence in the manager.

Staff were aware of the company values to provide passionate, kind and resilient care. The attitudes and behaviours of the manager and staff ensured people received person centred care which sought to protect and promote their rights. Staff understood their role in making sure people were always put first.

The service had effective governance arrangements in place to assess the quality and safety of the service. These were used to identify and drive improvement. Concerns and complaints were taken seriously, investigated and the outcomes used to improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The service was previously known as Little Millfields and registered under TLC Care Homes Limited. The last rating for the service under the previous provider was rated requires improvement (published on 14 May 2019.)

Little Millfields was reregistered under TLC CARE HOMES CLACTON RESIDENTIAL LIMITED but closed in July 2020. The service reopened as 21 Mill Lane and was registered with CQC on 20 May 2021 and this will be their first inspection.

#### Why we inspected

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

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.

# 21 Mill Lane

## 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 carried out by 1 inspector.

#### Service and service type

21 Mill Lane 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. 21 Mill Lane 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 not a registered manager in post. A new manager had been in post for 5 months and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 10 November 2022 and ended on 11

November 2022. We visited the service on both days.

#### What we did before 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 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 1 relative about their experience of the care provided. We spoke with 4 members of staff including the manager, team leader, a support worker and an agency member of staff. We also spoke with the area manager responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, including 2 people's care plans, 3 staff files in relation to recruitment and staff supervision and 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.

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from harm because staff knew them well and understood how to protect them from abuse. We observed people had developed positive and trusting relationships with staff which helped to keep them safe both in the service and in the wider community.
- Staff understood their responsibilities to raise concerns and record safety incidents. They had received training on how to recognise and report abuse. Staff spoke knowledgeably about the needs and safety of people using the service and were united in making sure their safety was always put first.
- The service had effective safeguarding systems, policies and procedures and managed safeguarding concerns promptly. The manager was aware of their responsibilities to report concerns to other agencies. They had worked well with the local authority and investigations into incidents had been used as an opportunity to learn lessons, change practice and drive improvement.

Assessing risk, safety monitoring and management

- Staff took a proactive approach to anticipating and managing risks which ensured people lived safely and free from unjustified restrictions. This ensured people were supported to have as much freedom, choice and control over their lives as possible.
- Risks to people's safety were assessed, monitored and managed well. Risk assessments contained detailed guidance for staff to follow to ensure people were protected from harm. These focussed on what the person could do and the support they needed to keep safe.
- Staff provided safe and consistent care which met people's multiple needs, including support for people communicating distress or other emotions. Staff had worked well with the providers positive behaviour support (PBS) team developing strategies which ensured people received the right level of support to manage signs of distress and or frustration.
- Systems ensured the premises and equipment were safe to use and well maintained. This included checks of equipment, such as fire systems, to ensure they met statutory safety requirements.

Staffing and recruitment

- The service had enough staff to support people to stay safe and meet their needs. Both people using the service were funded to have 2 staff to support them during the daytime hours. We saw the numbers and skills of staff matched people's needs. Staff told us, "We are a small team, and we work really well together. We do use agency, but they tend to be the same agency for consistency," and "Staff ratio was determined for both people at the start and is maintained, we are never short staffed."
- We saw there was enough staff to support people to take part in social and leisure activities in and out of the service, when they wanted. Staff knew people's individual needs, wishes and goals and what was



needed to promote their safety.

- Where agency staff were used, the manager had obtained a profile to ensure they had the correct recruitment checks in place and had been provided with the appropriate training.
- Systems ensured the right staff were recruited to support people to stay safe, including Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions.

#### Using medicines safely

- Peoples' medicines were managed well. People were supported by staff who followed systems to safely administer, record and store medicines. Where medicines had been prescribed for people on an 'as and when needed' (PRN) basis to reduce anxiety or manage pain, protocols were in place setting out the steps staff must take.
- Staff worked closely with the learning disability team, GP, PBS team and family to review people's medicines. As a result, people's behaviour was not controlled by excessive and inappropriate use of medicines in line with the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- Staff closely monitored changes in people's health and presentation following changes in their medicines and took appropriate action to seek additional support, where needed. One relative told us, "Following a reduction in my [Person's] medicines, I can see the life has returned in them, their personality has returned, previously they were on a lot of medicines, they were lost, they can interact now and I have seen them smile for the first time in a long time."

#### Preventing and controlling infection

- Effective infection, prevention and control measures were in place to prevent people, staff and visitors from catching and spreading infections. The service had good arrangements for keeping the premises clean and hygienic.
- Safety was promoted through the layout of the premises and staff's hygiene practices. Staff used personal protective equipment (PPE) effectively and safely.
- The service's infection prevention and control policy was up to date. This included guidance for staff on how to prevent or manage infection outbreaks and details of other agencies to alert if concerns were identified about people's health and wellbeing.

#### Visiting in care homes

People were able to visit the service when they wanted. The manager had systems in place to facilitate visits in a way that allowed them to minimise people's anxieties and manage the risk of people bringing infection into the service.

# Is the service effective?

## Our findings

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

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, including their physical, sensory and communication had been assessed, and their care and support was being delivered in line with current best practice guidance. Support plans set out people's needs, promoted strategies to enhance their independence and considered future goals and aspirations.
- People were supported seamlessly between services, health professionals involved in their life and the providers own PBS team, with positive outcomes. Plans were in place for a third person to move into the service. The manager told us they were working in partnership with the person, their family, PBS team and the local authority to ensure a phased transition into residential care.

Staff support: induction, training, skills and experience

- Staff received training in a wide range of subjects to meet the needs of people with a learning disability and or autistic people. Updated training and refresher courses helped staff continuously apply best practice and ensure people's human rights were respected. This was because staff put their learning into practice. One member of staff commented, "Learning about autism gave me really good insight into the world of the people we support, what and how they feel."
- Staff confirmed the training they had received gave them the skills, knowledge and experience to support people with multiple needs. They were knowledgeable about and committed to using techniques which reduced the need for restrictive practice. One member of staff commented, "We hardly ever have to use physical intervention, Makaton works really well with [Person] to reduce incidents of distress. There would need to be serious circumstances for physical intervention to be used, for example where [Person] would be at risk of harm." Makaton is a language programme that uses symbols, signs and speech to enable people who are non-verbal to communicate.
- Staff had completed a 2-week induction when they had commenced working at the service, which included getting to know the people and complete the required training. They told us they felt supported in their roles and received regular supervision to discuss issues and ensure they had understood and applied their training in line with current guidance and best practice.

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

- People received support to eat and drink enough to maintain a balanced diet. We saw staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- People were encouraged and involved in making decisions about what they ate whilst considering their cultural needs. For example, a large board in the dining room was used as a meal board for people to make their choices using photographs or pictures of different snacks and meals.

- People had access to the kitchen and were supported by staff to be involved in preparing and cooking their own snacks and meals, including baking cakes.

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

- The service ensured people were provided with joined-up care and support to manage their health and wellbeing. This included an annual health check and access to screening and primary care services. Each person had a health action plan containing up to date information about their health, including appointments with health professionals, such as the GP and for routine vaccinations.
- People were registered with the local GP and were referred to other health care professionals as needed to support their wellbeing and help them to live healthy lives. Health passports had been developed for each person and used by health and social care professionals to support people in the way they needed, including how they communicated.

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

- People's care and support was provided in a safe, clean, and well-maintained environment, including access to a large garden and patio at the rear of the property.
- The service had been refurbished before reopening including creating additional shared spaces and facilities, such as a sensory room and a bathroom with a jacuzzi bath. These facilities had been especially designed to help meet people's sensory needs, including special lighting, music, and objects pleasant or attractive to touch. The provider had consulted people who used services, their families and other professionals in the design of the premises including the décor to ensure the layout, decoration and furnishings supported people's individual needs.

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.

- Staff understood their roles and responsibilities in relation to the MCA 2005 framework. They knew about people's capacity to make decisions through verbal or non-verbal means and supported them to make decisions about day to day living. One member of staff commented, "We always put people we support first, they are the centre of what we do, we support them to make day to day decisions, like what to wear, and what to eat."
- Where people lacked mental capacity to make certain decisions, these were clearly recorded and reflected best interest decisions were being made by the relevant people, including professionals and family members with power of attorney.

# Is the service caring?

## Our findings

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

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff worked well together, showing genuine interest in people's well-being and quality of life. One member of staff commented, "We get on well as a staff team, it's important for the people we support to create a calm atmosphere."
- Staff were kind, caring and nurturing. They showed warmth and respect when interacting with people and as a result we saw people were at ease, happy, engaged and stimulated.
- Staff were patient and used positive and respectful language which people understood and responded to well. One member of staff commented, "We use Makaton a lot with [Person] as this helps decrease behaviours by enabling them to communicate their feelings."

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

- Staff had an in-depth awareness of people's needs and the level of support they needed to make decisions and experience real choice and control over their day to day lives.
- Staff understood people's individual communication styles and we saw they had developed a good rapport with them. Staff were observed communicating with people and helping them to process information to make decisions, about how they spent their day. Staff respected people's choices and wherever possible, accommodated their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was encouraged and respected. Staff knew when people needed their space and privacy and respected this. One member of staff commented, "Both people will show us if they are unhappy, by their actions and can remove themselves from stressful situations, by going to their room, or sensory room. When they do this, we need to take a step back and give them space."
- Where the service had a consistent staff team, they had developed trusting relationships with people, and their families. We saw staff knew people well and were quick to notice changes in their behaviour and take swift action to provide the appropriate care and support to diffuse incidents quickly.
- People had freedom to move around their home, and had opportunities to try new experiences, develop new skills and gain independence. One person using the service had recently enrolled at an adult community learning college to participate in a sensory class. Staff told us they were in small group 5-6 people which had worked well, widening of their social circle had helped improve their social interaction.

# Is the service responsive?

## Our findings

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

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

This meant people's needs were met through good organisation and delivery.

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

- We observed staff provided personalised and joined up care in line with recognised models of care for people with a learning disability or autistic people.
- Staff spoke knowledgeably about tailoring support for people to meet their individual's needs, goals and aspirations. We saw and records showed staff spent time discussing ways of ensuring people's goals were meaningful and how they could be achieved. The manager told us, a member of the PBS team held weekly reflection sessions with staff about incidents and activities people were involved in to discuss what went well, what could have worked better and to learn from incidents.
- People's care plans reflected their current and longer-term needs. Relevant people, including the person themselves, their families and social workers were involved in the development of the care plans. These focussed on the person's quality of life and were regularly reviewed and adapted as people's lives changed.
- People's care plans contained a one-page profile referred to as 'This is me' with essential information about the 'do's and don'ts' to ensure that new or temporary staff would know how to reduce the likelihood of someone having a bad day and how best to support them.

Meeting people's communication needs

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

- People had individual communication plans which detailed their preferred methods of communication. For example, we saw staff had worked well with the PBS team to develop a 1234 Now board to support a person to manage their anxieties and make choices about their day in that moment, using a 4-step approach.
- The 4-step approach consisted of photographs to help communicate an activity. For example, if the chosen activity was to go to the park, staff would go through each step by showing a picture of the car, the park, where they were going to have lunch and a picture of home. As each step is completed, staff move onto the next photograph to show the person that activity is complete and move onto the next step, until they have returned home.
- Staff had good awareness and understanding of people's individual communication needs. They knew how to facilitate communication and when people were trying to tell them something. We saw staff used

Makaton and visual tools, including objects, body language, photographs and symbols, which helped people know what was likely to happen during the day and who would be supporting them.

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 participate in their chosen social and leisure interests on a regular basis. For example, we saw one person was supported to go for a walk when they wanted to and had a foot spa when they returned.
- People were observed relaxed in their home, spending time in the sensory room, the garden, playing ball, making Christmas decorations using glitter, baking and watching films on TV. Staff encouraged people to try new things to develop their skills. For example, the manager told us, they had recently introduced edible playdough which had been successful in meeting people's sensory needs.
- People were supported to have regular contact with family and friends and interact with others. For example, the manager showed us pictures of a themed party held at 21 Mill Lane, where people from other services managed by the provider had been invited. They told us this had worked really well and were planning a Christmas party.

Improving care quality in response to complaints or concerns

- The service had received two complaints in the last 12 months. We saw these had been taken seriously, thoroughly investigated and a detailed response provided to the complainants setting out how they would use the outcomes to improve the service.
- People, and those important to them were provided with information on how to raise concerns and complaints easily and staff supported them to do so. The complaints procedure had been developed in an easy read and/or pictorial format to ensure it was accessible to the people using the service. Easy Read documents are designed to make written information easier for people with learning disabilities and autistic people to understand. They contain short simple sentences and pictures.

End of life care and support

- The service did not currently have anyone living at the service who required end of life care. The manager confirmed, should a person require end of life support, staff would work with families and health professionals to ensure they were supported to die in a dignified way.
- Managers were aware of the Learning from Deaths Mortality Review (LeDeR) Programme and knew the process for reporting deaths, as and when they occurred.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager had been in post for 5 months and had worked hard to instil a culture of care where staff felt truly valued and which promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Staff were aware of the company values to provide passionate, kind and resilient care. Staff told us they felt respected, supported and valued by the manager which supported a positive culture. Comments included, "The manager is very good, absolutely lovely. There is a really good vibe here, it's nice environment to work."
- The manager was visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. They worked directly with staff and led by example. Staff were motivated and had confidence in the manager. Staff told us they felt able to raise concerns with the manager without fear of what might happen as a result. One member of staff told us, "The manager is good, it can be challenging, but I feel confident working here, good team leaders, good teamwork."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and had good oversight of the service, including weekends and evenings. Designated team leaders worked opposite each other at weekends, so there was always senior staff on duty. The manager told us, "I am confident in the team leaders, they are happy in their role, and we have happy staff. I am confident the service is safe, and any incidents are reported to me."
- Staff spoken with understood the need to provide a quality service, keep people safe, and protect their rights. They were able to explain their roles and the needs of people without having to refer to documentation. They delivered consistent good quality care and support.
- The service had clear and effective governance arrangements in place to assess the quality and safety of the service. This included a range of audits which identified what was working well, where there were gaps, and the actions needed to make the required improvements. Where improvements had been identified this fed into the providers service improvement plan, which was being monitored by senior managers. The service had systems in place to apologise to people, and those important to them, when things went wrong.

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

- The manager told us communication had been key to improving the service. They told us, "Staff are open and transparent, the team leaders discuss issues with me and the team openly. The team work well together and are very accepting of each other's views. Staff will raise issues with me, and I walk around and sit with staff, so they have ample opportunity to talk with me."
- Regular communication with people's families had improved relationships and outcomes for the people using the service. One relative commented, "The service has been amazing since [Person] has been the manager. They are the backbone of the service. I am at peace for the first time, with them there I can sleep at night. They hold the team together; they are an incredible leader."
- Peoples' feedback about their care and support was obtained using Makaton, picture symbols and visual cues on a daily basis. The manager told us they were in the process of seeking feedback from people's relatives and professionals involved in their care. Questionnaires had been sent to people and their representatives to obtain their view on the quality of care, however these had not yet been returned. Any areas that require improvement will be added to home improvement plan

Continuous learning and improving care

- The provider had systems in place to share outcomes of investigations from across the region. Outcomes of investigations were discussed, and lessons learned to prevent similar incidents happening again.
- The manager used team meetings to work directly with staff setting a culture that valued reflection and learning. The vision, values, policies and procedures were a regular item on the agenda to enhance staff learning and understanding of legislation.

Working in partnership with others

- The provider had worked with local commissioners in the design of the home. They worked with the council and ensured the service aligned the local authority learning disability and autism residential services strategy for residential services providing complex and specialist services for adults with high and complex needs.
- Staff had access to a range of support networks, including an employee assistance programme and forums where staff can voice their views and put forward ideas.