

Southdown Housing Association Limited

Hova Villas

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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

About the service

Hova Villas is a supported living service providing personal care and support for people with a learning disability and /or autistic people. At the time of the inspection four people were living at Hova Villas. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The accommodation was one adapted building with five self-contained flats.

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

Right Support

Staff supported people to take part in activities and pursue their interests in their local area. One person told us, "I like to go out every day if I can." People were leading full and busy lives. A relative said, "They have a good quality of life, always out and about, they love living there."

Staff supported people to play an active role in maintaining their own health and wellbeing. One person described how staff supported him to attend hospital appointments and said he chose which staff member he preferred to go with him. Another person described how staff supported them to manage their diabetes, saying, "I'm doing well with the diabetes."

Right Care

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff described working with the police and other agencies to support people. One person told us they would speak to staff if they were worried or felt unsafe.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs and preferences. People were supported to be involved with their local community, including attending places of worship and community groups.

One person had multiple needs including sensory needs. They had an individual way of communicating, using body language, sounds, and sign language. Staff knew them well and had the skills to support them with communication. We observed staff to have a caring, gentle approach. People were clearly comfortable and reassured by the staff.

Right Culture

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff supported people to follow their different interests, including taking positive risks

such as travelling to places alone, going out in the evening and staying out late.

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Care plans and risk assessments were clear, detailed and provided the guidance staff needed. Risks were identified, assessed and monitored. Specialist advice was sought and included within care plans.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. Systems for monitoring quality were robust and everyone we spoke with described the positive influence of the registered manager in developing a supportive, open culture where people and staff felt empowered to express their views and opinions.

People told us they were happy living at Hova Villa's and staff described feeling proud to work there. One staff member said, "The people living here are having a very good quality of life and I have been astounded by how good the care is here."

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.

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

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right Support Right Care Right Culture. This was a planned first inspection following registration with the Care Quality Commission (CQC).

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.

Hova Villas

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 carried out the inspection.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

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

What we did before inspection

We reviewed information we had received about the service since registration with CQC. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. One person was unable to talk with us and used body language, touch and sounds to communicate. We spent time observing the support and communication between people and staff in shared areas of the house and within some people's flats.

We spoke with six members of staff including the registered manager and care workers. We reviewed a range of records. This included three people's care records and medication records. We reviewed a variety of records relating to the management of the service, including staff rotas, training plans, audits and other documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found, including for recruitment of staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People told us they felt safe living at Hova Villas. One person said, "I feel safe at home and when I go out. I know I can tell the staff if I am worried. All the staff are great." A relative told us about their relation who they described as being "quite vulnerable" when out alone. They explained how staff were supporting them to keep themselves safe.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us how some people had experienced harassment and abuse when out alone in the local area. One staff member said, "We are alert to the possibility of abuse and encourage people to talk to us about anything that happens." Another staff member described how people were supported to remain independent by ensuring they had safeguards in place to enable them to seek help when they needed to. One person told us how they always kept their mobile phone with them when out alone so they could call staff if they were worried.
- Records showed that safeguarding incidents had been reported appropriately.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. One person told us how they enjoyed going out independently most days. They said, "I like shopping and getting things for my flat." A staff member explained how the flat had become over- full and cluttered making it difficult to move around and creating some trip hazards. The person told us, "I have to keep it tidy and staff help me loads." The person proudly showed us some of their recent purchases and we saw staff supporting them to decide what items they would clear from their flat to make more room. They appeared relaxed and happy, smiling and content to sit in their armchair. They told us, "I have been sorting things out and the staff help me to keep it tidy."
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Staff described how they supported one person in a positive way that protected their dignity and rights. A staff member explained the importance of knowing the person well and understanding triggers that could increase their anxiety, including waiting in a queue. This was noted in the person's care plan.
- People were being supported to manage risks associated with their health. For example, one person had a heart condition and diabetes. Staff were supporting them to manage these conditions and to attend regular medical appointments including cardio rehabilitation. Another person had a history of contracting ear infections. Staff explained that by using a hair drier they could support the person to dry their ear more effectively and this had reduced the number of ear infections. There were clear and detailed risk

assessments and care plans in place to guide staff, including a heat restriction on the hair drier to reduce risks of a burn injury.

- One person was not always able to make decisions themselves. Staff managed risks to minimise restrictions and ensure they had as much freedom, choice and control over their lives as possible. For example, the person was at risk of choking. Staff were aware of this and the need to support the person when eating and drinking and to have a modified diet. A staff member explained how staff were all aware of the foods to avoid. They told us, "We know the foods they enjoy so we give them as much choice as possible within the limitations of their needs." We observed staff were supporting the person with food and drinks and there was clear guidance for staff to refer to when preparing their food to ensure they received food in the consistency they needed.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. For example, one person had been suffering with increased levels of anxiety following some incidents when they were out alone at the local shops. Staff had been working with the person to improve their confidence and understanding, this was supporting them to keep themselves safe when out alone.
- The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them. For example, restrictions were in place for one person in accessing food. The registered manager explained why this was needed and described plans to review and reduce these restrictions.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service. The registered manager had assessed staffing requirements in relation to ensuring these were maintained at safe levels. They told us of recent challenges due to sickness absence and described how regular staff had worked additional shifts to ensure safe levels were maintained. One staff member told us, "We don't use agency staff, but we do have bank staff who are all familiar with the people living here, that works really well."
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals. People told us they knew all the staff well, one person said, "They (staff) are all my friends, I haven't got a favourite I like them all."

Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating and when assessing risks of people taking medicines themselves. For example, one person told us when they went out for the evening they took their medicine with them so they could take it at the right time. A staff member explained that the person would ring staff and confirm that they had remembered to take their medicine, if they didn't call then staff would phone them and remind them. The person said, "I always remember, so there's never a problem." This had supported the person to remain independent and enjoy their evening out.
- People's medicine support had been individually assessed, and people had their medicines stored safely in cabinets in their flats.
- Staff kept accurate Medicine Administration Record (MAR) charts and there were systems in place to ensure that medicines were administered safely. One staff member explained how a second staff member completed checks to ensure medicines were administered safely and in line with people's prescriptions. Records showed how errors had been identified and followed up. For example, when a dose of medicine was missed this had been quickly identified and medical advice was sought to ensure the person's safety.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.

- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service tested for infection in people using the service and staff. They also demonstrated a commitment to supporting people to receive the COVID-19 vaccine. One person told us, "I have had all my jabs." We observed a staff member discussing current vaccination guidance with another person and reassuring them that they were up to date with their vaccinations.
- The service had a system to monitor the vaccination status of staff and check the status of visitors
- Staff used personal protective equipment (PPE) effectively and safely.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living at the service in line with current guidance.

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 had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. One person was visually impaired, and their assessment included clear guidance for staff in how to support them when moving around their flat.
- People's aspirations were included and plans supported people to work towards achieving their goals. For example, one person told us, "I want to get fit and lose some weight." This was reflected as an aspiration in their care plan, with a goal to join a gym. They told us they were planning to go regularly with a member of staff.

Staff support: induction, training, skills and experience

- Staff received support in the form of continual supervision, appraisal and recognition of good practice. One staff member said, "This is the nicest place I have worked. You get a lot of training and staff support." Some staff were new and described a comprehensive induction to the service. One staff member said, "I was able to shadow and get to know people slowly."
- The staff member explained the importance of shadowing an experienced staff member when working with one person who communicated in a non-verbal way. The person used sounds, body language, some signs and touch to communicate. We observed how staff were able to recognise subtle changes when communicating with the person. One staff member said, "You just get to know them and understand gradually, by working with staff who know them well." The person had a visual impairment, and this meant that having staff who understood and recognised their method of communication was very important for their well-being. We observed that staff were attentive to the person and able to interpret and anticipate their needs and preferences.
- Staff could describe how their training and personal development related to the people they supported. One staff member described having completed recent training in epilepsy and first aid, they told us, "It was interesting, and I learned a lot, it makes me feel much more confident, especially working with someone who has epilepsy."
- The service had clear procedures for team working and peer support that promoted good quality care and support. Staff spoke positively about working within a team where staff knew people well and understood their diverse needs. One staff member said, "There is a wealth of experience within the staff team and we all support each other."

Supporting people to eat and drink enough to maintain a balanced diet: Supporting people to live healthier lives, access healthcare services and support

- People were involved in choosing their food, shopping, and planning their meals. One person told us, "I like to get my own shopping at the supermarket, staff come with me but I choose it myself." One person needed support to have enough to eat and drink and to have a modified diet. There were clear guidelines in place and staff were knowledgeable about the person's needs and preferences.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. A relative said their relation was concerned about weight gain and described how staff were supporting them. They told us, "Staff talk about healthy eating and they have lost some weight, which is a good thing."
- We observed that one person who had celiac disease was supported to have a gluten free diet and we noted plentiful fresh vegetables in their kitchen.
- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed. People needed support with a range of health conditions including epilepsy, diabetes, heart disease and celiac disease. Staff were knowledgeable about people's conditions and the support they needed. One staff member was supporting a person with diabetes to test their blood sugar levels. We observed how they discussed the results and encouraged them to drink a glass of water. This was in line with the guidance in the person's care plan.
- A relative told us they had confidence in the staff saying, "They are good about health conditions and supporting appointments."
- People were supported to attend annual health checks, screening and primary care services. A yearly planner included routine appointments with the chiropodist, the dentist and for blood tests.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff empowered people to make their own decisions about their care and support. One staff member told us, "It's important that we listen to people, give them the information and different options so they can make they own decisions."
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. For example, one person lacked capacity to consent to blood tests or injections. A risk assessment and clear guidance was in place for staff to follow in the event that a clinical hold was needed to support the person with these procedures. A best interest decision had involved the GP and an IMCA (Independent Mental Capacity Advocate) and was clearly documented. Clear guidance for staff included photographs and identified the least invasive and restrictive method to support the person. The registered manager told us that the person had not needed this restrictive practice when receiving their vaccination recently but that the guidance was in place in case it was needed.
- The registered manager had identified that one person needed to be assessed for an application for a DoLS authorisation and was waiting for a response to this request from the local authority who were responsible

for making such an application.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. We observed how people were relaxed in the company of staff. One person was smiling, chatting about their day and using lots of eye contact with a staff member. Another person who had multiple needs, including a sight impairment used touch to navigate around their flat and as part of their communication with staff. We observed how they took a staff members hand and the staff member responded positively anticipating what they wanted to do and checking with them that this was correct. It was a gentle and respectful interaction.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. One staff member noticed a change in a person's body language, and asked them, "Is something worrying you today? You don't seem your usual self." They offered reassurance and support when the person explained their concern.
- People told us how staff supported them to participate in activities they enjoyed. We observed how staff were positive and encouraging when talking with people about their interests.
- Staff members showed warmth and respect when interacting with people. Throughout the inspection staff were seen to be positive, kind and respectful when talking with people. People told us they enjoyed doing things with staff and we observed how a person happily arranged to go out for a coffee with a staff member. One person said they had not been feeling too well that day and a staff member spoke to them in a kind and gentle way, showing empathy and checking what they would like to do.

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

- People felt listened to and valued by staff. One person told us, "All the staff are kind, they give me advice but I make my own choices." Another person said, "The staff help me with things like my money, food shopping and cooking, I like to go out a lot, most days if I can. I can decide what I want to do."
- People were given time to listen, process information and respond to staff and other professionals. Staff understood how to support people by providing information in a way that suited their needs, for example, staff used social stories as a way to support one person's understanding and reduce their anxiety. We observed staff talking with a person about a planned meeting with a health care professional. Staff described what would happen and why and used a gentle and reassuring tone, taking time to explain and discuss the person's concerns about the meeting.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. One person told us how they had requested for a new member of staff to become their key worker as they "got on well together."
- We observed how staff were communicating with a person who had multiple needs. The person's care plan

included clear guidance for staff in how to support communication and staff were familiar with the details and followed the guidance. For example, we observed how staff included the person in the conversation and offered praise and reassurance regularly. The person used touch to navigate and communicate with staff and we observed how staff consistently responded in a positive way, using gentle touch to reassure and guide the person.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. People told us about their aspirations and how they were being supported to remain as independent as possible and to meet their personal goals. One person told us how they wanted to have the opportunity to meet new people and to go to live music events. Staff had supported them to apply for a "gig buddy" from a voluntary organisation to support them with achieving this plan.
- The provider followed best practice standards for people living in a supported living service. This ensured they received privacy, dignity, choice and independence in their tenancy. People had been supported to personalise their flats and said they were proud of their efforts. One person said, "I like having two TV's and I swap them round sometimes. I like music too and I have collected loads of CD's and a jukebox."
- People were able to spend time alone in their flat or in their bedroom when they wanted to, and staff respected their privacy. Staff were observed to be respectful of people's property and checked with them before entering their flat.

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; End of life care and support

- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. People described having meetings with their key workers, this meant that they had dedicated time to discuss their care plans and to decide what their priorities were. One person told us how they wanted to have another tattoo and we noted this was included within their care plan.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. For example, one person described a strong sense of community responsibility and explained their concerns about some anti-social behaviour that they had witnessed in the local area. Staff had discussed with the person how they could address some of their concerns without putting themselves at risk by challenging people directly. This had resulted in the person becoming a member of the local neighbourhood watch scheme and they spoke proudly about this.
- Care plans were comprehensive and contained personalised details to guide staff in how to provide person centred care. For example, for one person with multiple needs, support guidance included details of their preferred usual routine including that they liked to have their music or the TV and their sunshine lamp turned on when they woke up in the morning, before they had a cup of tea. Staff explained that due to the person's sensory and communication needs this level of detail, including the order of their routine and their preferences, was important for them to feel safe and secure.
- People were supported to plan for the future including any choices or preferences about end of life care. A staff member said people and their families did not always want to have a discussion about this but some people had been supported to record their wishes. One person told us, "I know what music I want at my funeral and it's written in my plan."

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 provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. Staff knew people well and responded to people's individual needs and preferences. For example, one care plan identified a person's gestures, noises, the sign language they used and what they meant. Staff were able to describe how the person communicated and we saw staff's understanding of this in practice. A communication passport provided clear detail about the person's sensory needs and communication preferences.
- Staff were knowledgeable about people's needs, interests and preferences. One staff member described

how they communicated and supported a person with multiple needs to do activities that they enjoyed. They explained how they observed the person's body language, their facial expressions and the tone and volume of their voice to understand if they were enjoying themselves. This detail was included within the person's care plan and staff were observed spending time, playing music and dancing with the person who was clearly engaged and enjoying the experience.

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. People were leading full and busy lives. The registered manager explained how people's activities had been curtailed due to the COVID-19 pandemic but that they were now beginning to participate again. For example, one person told us how they enjoyed going to a regular lunch club at their church. Another person was looking forward to attending a cookery course where people made their lunch and ate together.
- People told us, and we observed, that they were going out regularly to use the local shops and cafes. A relative told us they believed people at Hova Villas, "Have a very good quality of life, and they go out a lot."
- Staff had been proactive in supporting people's skills and understanding of the increased risks from the COVID-19 pandemic. People told us they washed their hands frequently and showed an awareness of why staff and visitors were wearing face masks. One person commented about the importance of social distancing and said that they knew they must not get too near people, including when they were out at the shops. This provided assurance that staff were supporting people to adapt in response to new risks.
- People described how they maintained contact with people who were important to them. One person told us they visited their family regularly, another person described meeting up with their relations for lunch. A third person explained how they had used telephone and video chats to maintain contact with their friends during the pandemic. We heard them discussing a problem with their computer and a staff member was supporting them to fix the problem to enable a video chat with their friend who had recently moved away.
- Some people at the service had developed a close friendship and a staff member described how they enjoyed spending time together. A relative told us how this relationship was very important to the person saying, "They are really good friends, they have become very close."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A relative told us they felt comfortable raising concerns with the registered manager who they described as, "Easy to talk to." People said they would speak to staff or the registered manager if they were worried or had any complaints or concerns. One person said, "They would sort it out."
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. One person told us about meetings between staff and the people living at Hova Villas. They said, "We do have meetings sometimes so we can talk about things and sort out any problems. "

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

- The registered manager worked directly with people and led by example. They were knowledgeable about people's needs and preferences and we observed that they had developed positive relationships with all the people at the service. A relative spoke highly of the service and said their relation was, "Very happy living there."
- Staff spoke highly of the registered manager. One staff member said, "They are always on top of things, the information flow is great, and they explain things really well." Another staff member told us, "They are very thorough in everything they do"
- Staff felt respected, supported and valued by the registered manager which supported a positive and improvement-driven culture. Staff member's comments included, "He always has time for me and treats everyone with great respect," and, "He is always there to help."
- People described feeling empowered to make choices and decisions about their lives and told us they were happy living at the service.
- A relative said, "The staff do keep me informed about things." Staff gave honest information and suitable support and understood the need to apply duty of candour where appropriate.

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

- Staff delivered good quality support consistently. Staff understood their roles and responsibilities and spoke with pride about the care and support provided to people. One staff member said, "We all do a good job- this place is lovely."
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Records showed that people's changing needs were consistently reviewed and risks were managed. For example, one person had become anxious at night and staff kept records to identify patterns and triggers that might be helpful in identifying strategies for supporting the person.
- The registered manager had good oversight of the service and records showed effective systems for monitoring quality. Audits identified any shortfalls and actions were taken to prevent a reoccurrence. For example, when a mistake was made during administration of medicines, the registered manager immediately arranged for the staff member to have additional training before reassessing their competency.
- The provider undertook regular quality monitoring audits, and this supported the registered manager to

identify where improvements were needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked well in partnership with other organisations including health and social care organisations and the police, which helped to give people using the service a voice. One person described how they had struggled with some issues that could have a negative impact on their tenancy arrangements. Staff had worked with the person to help them understand the problem and to resolve the issue to ensure they were supported with their tenancy.
- Staff encouraged people to be involved in the development of the service. The registered manager described how people were supported to contribute their ideas and to be engaged with developments. There were plans for coffee mornings to encourage a relaxed space for people to talk together about things they might like to do. One person told us they wanted to have a barbeque in the garden and a party. The registered manager said they would look at when they could organise this.