

HF Trust Limited

# HF Trust - 330 Westward Road

## Inspection report

330 Westward Road  
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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 HFT 330 Westward Road is a residential care home providing personal care to seven people with a learning disability and/or autism at the time of the inspection.

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

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

People were supported in accordance with the provider's Fusion Model which was based on the concept of Person-Centred Active Support (PCAS). This model followed 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. We found this creative staff approach had brought outstandingly individualised outcomes for people that reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

We found people were supported through this model to manage their own medicines, take ownership of the service's garden and be actively involved as citizens through various projects.

People were given opportunities to live a fulfilled and meaningful life and were supported to reach their potential and live as independent as possible. People told us they were happy at the home which was supported by feedback from people's relatives who were extremely positive about the care their family members received. They complimented the caring nature of staff and felt the service was well-led.

Staff told us they were confident in the leadership skills and vision of the provider and manager. A strong management team and an established staff team ensured the values and vision of the service were embedded in the care practices of staff.

The care people received was focused around their individual needs. The service was inclusive and empowered people to be involved in the local community. Staff were proactive in supporting people to maximise their potential and strengths and enable them to organise events in the home and community. People were supported to maintain relationships with people who were important to them.

Staff had a continuous approach and a healthy balance of supporting people to understand the potential risks linked with their activities. People's needs had been assessed and their support requirements and preferences were recorded in detail to provide staff with the guidance they needed to support people.

Effective systems were in place to manage people's finances and medicines so that they received them safely and on time. People were supported to access health care services and to maintain a healthy lifestyle.

Sufficient numbers of suitably qualified staff had been safely recruited to support people. Staff told us they felt supported and trained and had access to the information they needed to support people. They understood their responsibility to report concerns and poor practices.

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. Staff were skilled in de-escalation and distraction techniques when people showed signs of becoming upset or frustrated. People were given the space to be by themselves or use relaxation techniques if they felt they were becoming agitated.

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 last rating for this service was Good (published 13 January 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# HF Trust - 330 Westward Road

## **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

This inspection was carried out by one inspector.

#### Service and service type

HFT 330 Westward Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had no manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, there was a manager in post who supported us with our inspection and was in the process of registering with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. 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 information helps support our inspections.

#### During the inspection

We spoke with three people and observed staff interaction with all the people who lived in the home throughout the day as people carried out their activities and household chores. We also spoke with three staff members, a regional manager and the manager and reviewed a range of records. This included four people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four relatives after the inspection to gain feedback about the service their family member received.

# Is the service safe?

## Our findings

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

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

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. Staff had been trained in safeguarding and were aware of their responsibilities to immediately report any concerns about people's welfare or allegation of abuse or harm. Staff told us they were confident that any concerns would be investigated and managed well by the provider's managers.
- People praised the staff and told us they felt safe living at the home. When asked, one person smiled and said, "Yes, I like living here. It is very safe." Relatives also confirmed that people's safety was a main priority for all staff. One relative said, "I think the residents are very safe at the home. I have never seen or heard anything that concerns me." People had been supported to understand areas of danger such as in the community and when using the computer to enable them to safeguard themselves and understand potential risks. There was no evidence that staff used restrictive interventions to support people such as restraint or seclusion.

Assessing risk, safety monitoring and management

- People's risks associated with their health and well-being had been identified, assessed and were regularly reviewed. People lived in an environment which was inclusive and allowed them to explore new opportunities and take positive risks. There was a balanced approach to enabling people to retain their independence, live a fulfilled life and managing any associated risks. For example, risks relating to people accessing the community and carrying out activities and household tasks independently had been assessed. We observed staff observing and monitoring people from a distance such as using knives in the kitchen and intervening only when necessary.
- Risks arising from people's behaviours were managed safely. Staff understood people well and were observed to support people appropriately to prevent behaviours which may challenge. Staff used positive interactions to help prevent people becoming upset and frustrated. For example, staff supported one person who was known to become anxious when they were bored with a lot of crafts to help defuse any worries.
- Staff had been trained to de-escalate and manage changes in people's emotional needs with positive interactions and engagement. No one at the home had a behavioural support plan in place and there was no evidence that people were restricted or secluded from any activity or have access to activities of their choice.
- Each person had a personal evacuation emergency plan and a missing person profile which could be shared with other professionals in an emergency

## Staffing and recruitment

- An established staff team supported people at the home. The manager ensured that suitable numbers of staff were made available to meet people's needs and their personal support requirements such as one to one activities in the community. Additional 'relief' staff were made available to cover staff absences or when people required extra support. Staff confirmed they had access to a reliable on-call system if they required additional support.
- Safe recruitment practices were in place to ensure people were supported by staff of good character. The provider's human resources team (HR) assisted the manager with the recruitment of new staff such as obtaining references from past employers and carrying out Disclosure and Barring (DBS) checks to establish if the applicant had any criminal convictions and their conduct in their previous employment. People were invited to be part of the recruitment process and were asked to give feedback about potential new staff.
- Since our inspection, the manager had implemented a system to evidence that they had examined all recruitment documents obtained by the HR team and feedback from people. This additional audit trail would help evidence that the manager vetted the recruitment documents before new staff supported people to ensure they were of good character.

## Using medicines safely

- People received their medicines as prescribed and safe medicines management processes were being used in line with national guidance. There were safe and comprehensive systems for ordering, storing, dispensing and disposing of medicines. People's medicines were regularly audited to check the stock levels and expiry dates.
- Staff completed an accurate record when people had been administered their medicines. Medicines care plans provided staff with the information they needed about the safe management of people's medicines. Staff had supported people to understand their medicines with an easy read medicines support plan such as the reasons why their medicines needed to be taken.
- Records showed, and staff confirmed that they had received training and had been observed and assessed as being competent to safely support people to take medicines.

## Preventing and controlling infection

- Staff supported people to keep their home clean and tidy. People told us they enjoyed having specific household chores to do such as emptying the dishwasher and helping with their laundry. Relatives told us they felt the home was well maintained and was always clean.
- Staff had received training in infection control and used safe infection control measures such as wearing gloves and aprons when supporting people with personal care and used effective hand washing techniques.

## Learning lessons when things go wrong

- Systems were in place to monitor and learn from incidents and accidents. Records of incidents were detailed and reviewed by the manager and shared with the provider. The manager explained they reviewed each incident in detail to identify the cause and changes to practices to prevent incidents reoccurring. For example, records showed that one person was referred to health care services to identify the cause after they had experienced an unpredictable fall.

# 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.

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

- The manager and staff demonstrated a good understanding of key guidance and best practice when supporting people with learning disabilities and autism. They were aware and committed to providing a service which ensured people's rights and choices were respected with no restrictions and used proactive strategies effectively such as positive engagement and interventions to reassure people and prevent behaviours that challenge. The outcomes for people using the service reflected the principles and values of Registering the Right Support.
- We found that people's assessment of needs was holistic and ensured all aspects of their care and support were considered. People continued to receive effective care based on current best practice for people.

Staff support: induction, training, skills and experience

- Staff told us they felt suitably trained and supported to meet the needs of people who lived at 330 Westward Road. Staff had been trained in subjects such as first aid, safeguarding and positive behaviour support to enable them to avoid or minimise restrictive interventions and use de-escalation techniques as required. The manager and staff told us they were given opportunities to develop and achieve additional training and qualifications. The manager had access to the provider's electronic system which enabled them to monitor staff training requirements.
- New staff were supported to complete the Care Certificate (a nationally recognised set of care standards). All new staff were given time to shadow experienced staff and to read through people's care plans and risk assessments to understand how best to support people.
- Records showed, and staff confirmed that they received regular supervision and an annual appraisal to review their work practices and personal development objectives. Staff felt supported and could request advice and support from acting manager or any of the provider's management team. The manager shared with us that they had identified that regularity of staff supervision needed to improve to be in line with the provider's staff development policies and would be addressing this shortfall.

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

- People enjoyed a varied and healthy diet. We observed people preparing their own breakfast and lunches with support from staff if needed. People helped themselves and made their own decisions about the food they ate. They were provided and encouraged to eat healthy home cooked foods and snacks. We were told that people's cultural and dietary needs would be accommodated if required.
- People were encouraged to discuss and plan their evening meals and help staff to shop and prepare the

ingredients. For example, we were told that one person enjoyed peeling the vegetables for the evening meals. A file of pictures of meals had been developed to help people decide which meals they wanted to eat.

- Staff monitored people who were at risk of choking and those people who had known risks of malnutrition or poor eating habits and sensitively supported them to eat a diet which provide them with sufficient nutrition and calories to maintain a reasonable weight.

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

- Nobody at the time of our inspection had significant risks or concerns relating to their health, however they were supported to access services to monitor their health. People had easy read health action plans which helped them to understand their own health needs by attending regular appointments such as the dentists. Each person had a hospital passport which would be shared with hospital staff to assist them in understanding people's support and communications needs.
- Records showed that staff had supported people to access GP services. For example, staff had referred one person to their GP for a blood test to help identify possible cause of a recent fall. Records showed that people had been supported to access health screening appointments such as breast screening to eliminate any underlying health concerns relating people's age, gender and risks.

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

- People's home at 330 Westward Road was homely and welcoming. People's art work and photographs were displayed around the home. They were encouraged to decorate and personalise their bedrooms with items of interest. People benefited from an art and craft room in the garden.
- The provider had recognised the importance of people having their own space. For example, one person lived in a small apartment adjacent to the home. We were told that plans were in place to extend their apartment to enable them to have a larger area to socialise and invite friends. A computer area had been made available for another person, so they could spend time searching items of interest on the computer.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were fully involved in decisions about their care and how they should spend their day.
- Staff understood and respected people's rights to make a decision and were observed incorporating the principles of the MCA into their practice. For example, we heard staff giving a person some information to help them weigh up the pros and cons of how they wished to spend their day. One staff member told us, "We continually promote choice. We will use picture cards and books and even the computer to help the residents here to make their own choices."

- At the time of the inspection, there was one person who had a current DoLS authorisation in place and was being deprived of their liberty. The manager ensured that their care plan reflected this authorisation and was regularly reviewed to ensure that they were being supported in the least restrictive way and their conditions were being met.

# 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.

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 told us they were supported in a caring way. One person told us, "The staff are very nice here. I think we are treated well." During the inspection, we joined people in the arts and craft room in the garden. We were told Thursday morning was the one morning a week where people who lived at the home regularly met up as a group and carried out different art and craft projects. We observed the staff and spoke with people as they continued with their ongoing arts and crafts projects such as rug making, painting and colouring in. Staff spoke to people in a kind and friendly manner and supported people as needed. Staff knew people well and were aware of people's projects and capabilities and encouraged them to do as much of the project for themselves.
- Each person had an allocated key worker who understood their needs in more detail and provided them with additional support. For example, one person had been allocated time each week to spend time with their key worker to discuss any concerns or worries that they may have and to help them think of or use known strategies such as breathing techniques to manage their emotions.
- People's relatives praised the good will and nature of all the staff. They told us their family members were supported in a sensitive and compassionate manner by a very caring staff team. Relatives told us they could visit the home at any time and how staff supported people to visit their family home's and maintain contact with families even those who lived some distance away. One relative said about the home, "It's definitely an impressive place. They cater for everyone's level of need."

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

- People were encouraged by staff to make daily decisions about their support. For example, we observed staff providing people with suggestions or prompts about how they may wish to spend their day. Staff provided people with information in a manner which was suitable to their needs and used additional prompts such as pictures to support their conversation.
- People were supported to use the computer to search for information. For example, one person told us staff had helped them to research and plan for their holiday. They said, "I like to dance so I like to go to places where I can dance." We were shown a photograph album of people's trips and holidays over the past few years.

Respecting and promoting people's privacy, dignity and independence

- From our observations throughout the inspection, we observed staff approach and interactions with

people was respectful and dignified. Staff respected that they were working in people's homes. For example, they asked people if it was okay to enter people's bedrooms. One staff member said, "Whilst this is where we work we have to constantly remind ourselves that this is their home and we need to be respectful and not treat it as our home."

- People's independence was promoted as much as possible. Care plans detailed people's strengths and reflected how people's independence should be promoted such as accessing the community independently. People's individual diverse and spiritual needs were supported and regularly reviewed with people. People were supported to practice their religious beliefs such as attending church.

# 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.

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; 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 in accordance with the provider's Fusion Model. This model followed the principles of Registering the Right Support and was based on the concept of Person-Centred Active Support (PCAS). This was a way of supporting people so that they were engaged in meaningful activity and relationships as active participants and as a result, they exercise more control over their lives and experience greater levels of inclusion, independence and choice. We found this creative staff approach had brought outstandingly individualised outcomes for people.
- Staff provided outstanding and personalised support which was caring and responsive to people's individual needs and focused on their preferences and individual support requirements. The managers and staff worked enthusiastically and creatively to enable people to live a fulfilled life. Staff promoted people's personal development and levels of independence and looked at different ways to maximise people's potential and personal development. They had ensured there was a good balance of people taking positive risks to increase their levels of independence and comprehensive safety management systems to support and monitor people.
- From our time at 330 Westward Road and speaking to people and their relatives, it was clear that managers and staff went the extra mile to ensure people lived a fulfilled life and helped people to personally develop. It was evident that whilst seven people lived together in one home, they were all supported to live individual lives and carry out activities of their choice. People were fully involved and empowered to make decisions about their home and benefited from a wide range of opportunities to explore new activities and challenge themselves.
- People had been supported to step out of their own comfort zone and take on new challenges and activities to develop their own personal well-being and confidence as well as assisting other people in the home and the local environment. For example, people had been supported to engage in activities in the local community to help the local environment. Staff had supported one person to carry out a litter pick in the local area after their comments about the amount of litter on the streets. The person had been supported to contact the local authority and local MP to raise their concerns about the environment and present the idea of carrying out a litter pick event. With assistance from staff, they had carried out a risk assessment about the event to identify hazards such as broken glass and traffic and had arranged the necessary equipment such as gloves and litter bags to be used on the day. They advertised and recruited a group of people to help them with the litter pick and provided them with a comprehensive brief about the

aim of the event, the route and any hazards at the beginning of the day. The person told us they had been really proud of themselves and felt they helped the local community and had plans to do another litter pick event. The person's keyworker praised the person and told us how the person's confidence had grown in speaking to people in groups and understanding the all areas that need to be considered when organising a community event. The key worker said, "[Name] really took on the idea of the litter pick. She needed a lot of assurances, but she really blossomed, and it really brought out her potential." We were told that the event was so successful, they were considering holding another litter pick event in the near future. Another person who had an interest in recycling was supported to manage the home's recycling items and bins.

- People were supported and encouraged to carry out voluntary and paid employment. One person told us they had worked in a charity shop but had been supported to apply for paid employment. They had successfully secured a cleaning job and on the day of our inspection they attended a short induction programme. They told us they were excited but a little nervous on their first day, however we heard staff providing them with a lot of verbal encouragement and praise on their achievement. The person and staff told us how they had taken small steps and that staff had helped to build up their confidence in initially gaining voluntary employment, using transport independently which had enabled them to successfully achieve a paid job.

- One person had been referred to a series of therapeutic art group sessions in the local community by their GP to help manage their anxieties and worries. We were told that the person greatly benefited from the group both emotionally and socially but was told that the art group would no longer be continued after the last session. The person and their art group friends were upset by this news and after discussion with the group and their key worker, the person decided to take on the challenge of finding an alternative venue, secure funding for the group and has plans to facilitate running the group to continually support others in the community. Their keyworker told us that the person was determined that the group should continue to run and recognised the benefits of the art group as a support network for themselves and other people in the community. The regional manager said, "This is an amazing example of how we are supporting people to be equally part of the local community and ensuring they are not discriminated by their learning disability."

- People were encouraged as much as possible to be involved in decisions about their life and the running of the home. For example, each person had been allocated and maintained their own flower bed in the garden. One person had been given the key role of being the home's gardener and was being supported to make decisions about the planning of the garden and landscaping. For example, gravel had been delivered to enable the person to revamp part of the front garden. Staff had spent time discussing their plans for the garden and fund raising supported them in fund raising for additional items for the garden. This person was also supported to organise an Easter egg hunt and BBQ. We were told that they planned the event and menu, sent out invitations and cooked and ran the event on the day. People and staff told us the event was a great success. One staff member said, "It was a joy to see the day go so well. There was smile across [name] face all day." They explained that how they supported and discreetly prompted the person which gave them the confidence to run and manage an event and it gave the confidence to 'step outside their comfort zone'.

- Strategies were used to support those people who had expressed a wish to become more independent with their medicines and self-medicate. For example, with the support of staff, one person had plans in place to be supported to manage a small amount of their medicines at their own pace. We were told that the person would be closely monitored and be reassured to help their confidence with the aim to eventually manage all their medicines.

- People's care plans were detailed and focused on people's aims, goals, wishes and support preferences. They informed staff of their support needs and how they wished to be supported.

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.

- Care plans identified people's individual communication needs and identified how these needs were met in line with the Accessible Information Standard (AIS). AIS sets out a specific, consistent approach to identify, record, flag, share and meet the information and communication support needs of people with a disability, impairment or sensory loss. An easy read format of people's care plans with picture prompts and simple sentences helped people to review and discuss their support needs. There was a consistent approach in producing documents such as house meeting minutes produced in easy read format.

Improving care quality in response to complaints or concerns

- People were aware of the provider's complaints process. People had access to an easy read complaints document which contained pictures and simple descriptions to help them to describe how they were feeling such as feeling or teased.
- Records showed that people had been supported to use the easy read format to make a complaint to the provider. For example, one person had raised concerns about the behaviour of another person using the easy read complaints document. The provider had responded to the person and had arranged a meeting to discuss their views. We were told that person was being supported to understand how the new person might be feeling in their new home and how they could support them.

End of life care and support

- No-one living at 330 Westward Road was receiving end of life care at the time of our inspection. However, people had been supported to develop their end of life care plan including their end of life wishes and people and items which are important to them. The manager explained that people had been sensitively supported by staff and their families to discuss their end of life care and had used social stories and pictures help them understand the importance of their views and wishes. One relative told their family member has been supported to make a will.
- The manager told us that when a person was approaching the end of their life, they would receive professional guidance from other health and social care organisations.

# 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.

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 visions and values of the provider were clearly embedded in the care practices of staff and the leadership of the home. The provider's mission statement is 'Every day we help people with learning disabilities live the best lives possible'.
- It was evident from our observations that care to people was delivered in a manner which was focused on their strengths and provided people with new opportunities. We were provided with many examples of how people were fully involved in their care and support and supported to engage in community and home activities. Relatives told us how staff go out of their way to ensure they remain in touch with their family members. One relative said, "They are extremely impressive. They bring [name] down here to be with us. It is miles away, but they make it happen."
- A manager was in post and was in the process of applying to be registered with CQC. They were also responsible for two of the provider's other services but was assisted by an established staff team with the day to day running of the home. The manager was proactive to remain current in their practices. They actively carried out their own research and subscribed to newsletter and websites to ensure they remained current in care practices to ensure that the delivery of care remained current.
- The manager led by example and was passionate about improving people's lives and enriching people's lives. These values had been embraced by staff who were passionate about supporting people to personally progress. Staff and the provider encouraged people to have their own aspirations and supported them to meet their goals.
- The ethos of the home was to empower people to make decisions about their lives and the home they lived in. Staff took every opportunity to praise people to develop in their well-being and confidence. The provider's model of person-centred care was evident throughout the inspection. We were given and shown many examples of how staff and the managers had empowered people to be engaged in meaningful activities which benefited people, their fellow residents and the local community. People at 330 Westward Road were provided with opportunities to have control over their lives and become more independent. One person from the home was the chairman of the provider's 'people we support' committee called 'Voices to be heard'. The committee helped the provider to better understand the experiences of people using their services as well as giving people opportunities to make suggestions and share information.
- Staff and the managers were very mindful of the changes in the dynamics and people's relationships when new people moved into 330 Westward Road. They invested a lot of time to help people settle into the home

and understand behaviours and language which were not acceptable. Staff took a positive strategy and approach to encourage those people who had lived at the home for a number of years to look at how they could support new people into the home and lead by example rather than looking negatively at the behaviours of new people. One staff member said, "We are working hard with some of our residents who have found it hard to accept new residents in their home. But we are trying to put a positive spin on it and ask them how they can support new residents to learn about how things are done here."

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

- Effective quality assurance checks were carried out by the provider and manager to monitor the quality of the service people received and to ensure that the service complied with the legal requirements and current practices and expected standards. These included checks on people's medicines, care plan, finances and monitoring of the care being delivered. A monthly provider report was also produced to assist the managers in identifying any patterns of concerns or shortfalls in the service. Certificates and documents showed that health and safety checks were regularly carried out to ensure people's home remained safe. Any issues identified in the audits were shared with the managers and actions were cascaded to the staff team.
- The communication across the staff team was effective to ensure they were informed of any changes. Staff praised the provider and told us the culture of the provider was supportive and always ensured that staff had the skills and confidence to care for people, develop professionally and take on new responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care; working in partnership with others

- 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.
- Staff told us they found the manager and regional manager very supportive and approachable. They told us they were confident that the management team were committed in providing a service which was focused on ensuring people lived a fulfilled and happy life. One staff member said, "This is why I stay working here. The culture of the service is amazing. We are totally focused on their [people] needs." Staff told us that the manager was open to suggestions and supported new ways of supporting people.
- The manager was focused on driving improvements across the service and sharing good practices, successful initiatives suggested by staff were shared with the provider's other managers for consistency across the services. The manager provided opportunities for staff to develop individually and as a team such as arranging additional training and team building days.
- The manager ensured people and staff were fully informed and involved in decisions and the governance of the home. For example, we were told that some people had enquired about the outcome of our inspection. To support their discussions with people about the results of the inspection, the manager planned to produce an easy read report based on our feedback form that we share with providers at the end of our inspection. We were also told that our feedback was also used as part of a team building day held after the inspection which resulted in staff assisting the manager to develop an action plan for the home.
- The service was committed to ensuring people were treated equally and their views were valued and acted on. People were encouraged to attend regular home meetings with people to gain a better understanding of their views and suggestions such as activities. Easy read minutes of the meeting were provided to people after each meeting.