

Consensus Support Services Limited

Weston Villa

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.

The care home accommodates people across two separate buildings. Weston Villa has four self-contained flats which accommodates four individuals, and the second building known as Henson Court is a 4-bed bungalow that has a communal areas and individual bedrooms with en-suite facilities. Weston Villa and Henson Court are registered as one service; in the report we will talk about the service as one location.

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

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to follow their interests although some people spent a lot of time indoors by choice. They were encouraged to try new experiences and to spend time outdoors. Staffing was under review to acquire more hours that would mean people could be supported with more activities and visits outside of the service, how and when they wanted. Staff supported people to develop strategies to manage emotional distress and anxiety, maximising safety to provide the best circumstances in which people could make decisions and experience an active and rewarding day. Periods of anxiety or emotional distress were recorded, which included the action taken by staff to support people. The registered manager considered these as part of the review process of people's needs.

Right Care:

Staff understood how to protect people from poor care and potential harm. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff supported people to access health and social care support, which included a regular review of their prescribed medicines. People could communicate with staff and understand information given to them as staff supported them consistently and understood their individual communication needs. Staff knew how to support people safely and in line with their individual risk assessments and care plans. People were supported with their Prader-Willi Syndrome (PWS) needs and care plans were in place to support people to make healthy choices around food and drinks.

Right Culture:

People appeared relaxed within their home and in the presence of staff. People were supported to do as

much as they could for themselves and to learn new skills. We observed staff encouraging people's independence such as supporting them to pay for goods when out at an eatery. People's needs, and choices were assessed, and their care was provided in line with their preferences. Staff supported people to have choice, control and independence over their own lives. Planned improvements to the environment to personalise it to better reflect the personalities of those living at the service were in progress and people were involved in the process. The registered manager sought to drive continuous improvements in the service for the benefit of people living there.

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

Since the last inspection the provider's legal entity has changed. The last rating for the service under the previous legal entity was Requires Improvement, published on 23 February 2022.

Why we inspected

The inspection was prompted in part due to concerns received about several incidents involving the police. We also undertook this inspection to assess that the service is 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Weston Villa on our website at www.cqc.org.uk.

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.

Weston Villa

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 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Weston Villa 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. Weston Villa 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 a registered manager in post.

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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We observed 3 people and their interaction with staff during the inspection. We spoke with 4 relatives of people living in the service by telephone. We had discussions with 7 staff which included the area manager, registered manager, deputy manager and four care and support staff.

We reviewed a range of records. This included aspects of 3 people's care records and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records and meeting minutes were reviewed.

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

- Staff had developed positive and trusting relationships with people that helped to keep them safe. A relative told us, "Yes [family member] is safe definitely, because of the care plan they have, and that staff follow it. It's also a specialist placement for Prader-Willi Syndrome so staff know how to support [family member] properly and keep them safe." Another relative commented, "I don't have any doubts [family member] isn't safe."
- Staff had training on how to recognise and report abuse and they knew how to apply it. There was a safeguarding champion who ensured staff understood the importance of reporting accidents and incidents and concerns.
- Staff told us about Maybo training they had completed which is used to reduce the need of restraint and to promote positive and safer outcomes for people. One staff member said, "Since the training there has been two incidents. We don't need to talk to each other as we know what to do and can put it into practice."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns.
- Staff demonstrated they were skilled at recognising when people felt unsafe and were comfortable and confident when challenging and reporting unsafe practice. They knew from people's body language if they were not comfortable in some situations or their surroundings. One staff member informed us, "I know the signs to look for if someone was being harmed or if they felt unsafe. I would not hesitate to report anything I thought was wrong."

Assessing risk, safety monitoring and management

- Risks were assessed, monitored and managed. Care plans and risks assessments were in place and had been reviewed regularly or when there were changes. A healthcare professional informed us that following an incident, the registered manager had updated the person's risk assessment and behaviour support plan. The staff put specific boundaries in place and staff had been consistent with this. This has had a positive impact and incidents of distress have reduced.
- People had positive behaviour support (PBS) plans to ensure staff considered the least restrictive options before limiting people's freedom. PBS plans highlighted triggers and signs of distress while also outlining interventions staff should take. There was clear advice for staff on how to offer people support following incidents.
- All restrictions of people's freedom were documented, monitored and were reviewed by the service and the provider. However, the service minimised restrictions through staff recognising signs of when people experienced emotional distress and knowing how to best support them.

Staffing and recruitment

- We received mixed views from relatives about staffing. One said, "Day to day personal care is good, but we have issues with other care, like activities. I don't believe the ratio of staff is correct for the amount of people living there." Another commented, "It's brilliant, we work really closely with the team of staff and we're always talking to them and visiting so we see how it is run."
- The registered manager told us that staffing was currently under review and they were working with the local authority to acquire more hours that would mean people could be supported with increased activities and visits outside of the service, how and when they wanted.
- We were informed there was approximately 90 hours per week that needed to be recruited to. The registered manager said that permanent staff helped to cover these hours and where there were shortages, they used an agency. They told us they always used the same agency and the same staff to ensure consistency.
- During our inspection we observed sufficient numbers of staff to keep people safe and meet their needs and to take them out to chosen activities.
- Appropriate DBS checks and other recruitment checks are carried out as standard practice. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Relatives agreed that medication was given correctly and was discussed with them. One commented, "Oh yes and if [family member] has refused they tell us."
- There was a medicines champion who ensured staff were up to date with medication training, had an annual competency check and that correct procedures were followed. They told us that medication supervisions were carried out when errors occurred, and we saw records of these.
- There were protocols in place for medicines to be administered on an 'as needed' basis. However, where there was a variable dose, for example, take 1-2 tablets there was no guidance for staff when to administer 1 tablet or 2 tablets. The medicines champion said they would address this and started this on the day of our inspection.
- One staff member had developed a social leave booklet. This was a guide for relatives to ensure people's medication was administered consistently and safely when people went home.
- The manager told us they understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. Visitors were welcomed at any time and were provided with appropriate PPE.

Learning lessons when things go wrong

- Staff completed incident and accident records and behaviour forms which recorded when people expressed emotional distress. These were supported by detailed daily notes.
- The registered manager reviewed all accident, incident and behaviour forms and took follow up action appropriately.

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 were assessed and reviewed regularly and when their needs changed. The initial assessment tool was comprehensive and considered people's past experiences, physical, psychological and social care needs. People's individual preferences, likes and dislikes were also included in the initial assessment so that people could receive the care they wanted.
- Overall care plans were person centred and included information about people's preferences and choices. However, care plans contained limited information about some important aspects of people's identity, for example, their cultural or diversity needs. The registered manager agreed this was an area which could be strengthened.

Staff support: induction, training, skills and experience

- Most relatives we spoke with thought the staff were sufficiently qualified, skilled and experienced to meet people's needs. One commented, "The staff are well trained and specially trained, so they properly understand Prader-Willi Syndrome " However one relative told us they felt their family member needed a more specialist service because of the person's complex needs.
- New staff completed an induction when they started working in the service. Staff told us they were given plenty of opportunity to shadow experienced staff, get to know people and read their care plans, prior to working independently.
- An ongoing schedule of training was in place, to ensure staff kept up to date with good practice. Staff spoke enthusiastically about recent training they had received, and one said, "We had an extra day of Mayo training. It was excellent. We practice it in team meetings and handovers. It's helped us to feel more confident and that we are doing the right things."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. The registered manager made us aware that a staff member had been nominated for an award and they would be attending the award ceremony with them.

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. People, where they were able, were involved in choosing their food, planning, preparing and cooking meals. In one person's care plan we saw they had not been involved in food preparation before. This was now one of their goals.
- Some people using the service were living with Prader-Willi Syndrome (PWS). People with PWS have chronic feelings of insatiable hunger and a slowed metabolism that can lead to excessive eating and life-threatening obesity. We found that people were supported with their PWS needs and guidance was in place to support people to make healthy choices around food.

- Care plans provided details of people's nutritional support needs and their food preferences. The registered manager sought advice and guidance from dietitians, speech and language therapists (SALT) and health professionals in relation to people's dietary and PWS needs.

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

- When people needed support from healthcare services, staff made the required referrals and incorporated their advice into people's care plans. Records showed people had access to a GP service, community nursing services and other professionals as required.
- People had access to preventative and early diagnostic services such as regular eye tests and access to a dentist.
- A professional log was kept to record the communication staff had with other agencies about each person. This showed contact with the GP, community learning disability team and social workers, amongst others.

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

- The service was adapted to meet people's needs. The home was set out across two buildings. Weston Villa was one building adapted into four individual flats as this best suited the needs of the people living in Weston Villa.
- People were able to personalise their flats as they chose, and we saw this was the case when we walked around the service.
- Henson Court was the other building, and this was a four bedroomed bungalow which we walked around with a staff member. We saw that one person's room had been re-decorated and another person's room was in the process of being re-decorated. The two remaining bedrooms looked tired and in need of refreshing. The registered manager told us that she had put requests in for works to be completed throughout the service. The area manager confirmed this was the case.

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.

- The service was working within the principles of the MCA. MCA assessments and best interest decisions were made in consultation with relatives and other professionals and kept under review.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and we saw people being supported to make decisions throughout the inspection.
- Staff were observed seeking people's consent throughout the inspection and people's ability to make informed decisions had been thoroughly assessed. Each person had a decision-making profile that described how they wanted information and choices presented to them and the best and worst times for

them to make a decision.

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 were treated with kindness and compassion. A relative told us, "The staff are very kind and I know they genuinely care for [family member]."
- Staff knew people's preferences and provided care and support that met their needs. For example, one relative commented, "Even though [family member] has a daily planner the staff will just go with the flow if [family member] wants to do something else that day. They try and encourage them to do something each day."
- Each person had their life history recorded and staff used this information to get to know people and build positive relationships with them.
- Most people were not able to tell us their views verbally, but we observed people to be comfortable in the service and able to spend time where they wanted to. Staff interactions were caring and respectful.

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

- People were involved in their care and making day to day decisions. For some people living in the service, maintaining a stable and consistent routine was important to them. Staff we spoke with knew people's routines and preferences and followed these as far as possible.
- People were encouraged and supported to make their own decisions about their care and lifestyles. There were different forums where people were supported to express their views and be involved in decisions about their care and the service. For example, there were regular key worker meetings, reviews of people's care involving people's circle of support and satisfaction surveys and questionnaires.
- People were supported to access advocacy services. Advocates make sure a person's own voice is heard and support them to do this. The registered manager told us two people were using the services of an advocate.

Respecting and promoting people's privacy, dignity and independence

- Most relatives agreed that their family members were treated with respect and dignity and staff ensured their privacy at all times. However, 1 relative felt this was not always the case because their family member was not always able to choose the gender of the staff who provided personal care. We queried this with the area manager who informed us that it was not always possible to have 2 female staff to provide the person's support, especially at night. Although it did not happen often the person using the service had capacity to make decisions and would make objections if they were not happy and, in those circumstances, a female staff member would always take the lead role.
- People were supported to follow their preferred routines and were encouraged to try new things. Some people living in the service wanted to spend a lot of time indoors, and in their rooms. Some relatives were

worried about this, which the registered manager was aware of. Everyone, including management, relatives and staff, were keen to support people spend more time outside of the service for their wellbeing and enjoyment.

- Staff told us they encouraged people to do as much as they could for themselves and to learn new skills. One staff member explained to us how they were supporting one person to prepare their meals. We observed staff encouraging people's independence such as supporting them to pay for goods when out at an eatery.

- A confidentiality policy was in place. The registered manager team understood their responsibility and ensured all records were stored securely. Staff had a good understanding about confidentiality and confirmed they would never share any information except those that needed to know.

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

- The assessment and care planning process ensured people's identified needs could be met. Care plans provided clear guidance for staff to follow which included information about people's likes, dislikes, lifestyle and interests. These were reviewed regularly and updated as needed.
- Staff had developed a good understanding of when people were showing signs of distress. They were able to read people's body language to identify if a person was becoming anxious or distressed and would use distraction techniques specific to the person to help ease their anxieties. Staff had completed training about how to support people when they became distressed so felt confident to support them.
- Staff told us they worked well as a team together. One staff member told us, "We talk things through with each other; we are there for each other; we have each other's backs." Handovers took place so key information was passed between day and night staff to ensure consistency in care and support to people.

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's communication needs were considered as part of their assessment and their care plans fully described the level of support required. For example, the best way for staff to present information and any communication tools they may need to communicate effectively.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- The registered manager was able to explain the alternative formats available for written communication, such as large print, easy read or pictorial. We saw examples of these.

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

- Some relatives felt their family members were at risk of social isolation because they were spending more time in their rooms on their own. The registered manager told us the lock down period during the COVID-19 pandemic had affected some people, so they did not want to go out as much as they had before.
- The registered manager had also identified the need for more staff to ensure there were increased opportunities for people to go out. Staffing was currently under review.

- Staff told us how they encouraged people to do things outside of their rooms and the service. One person enjoyed going for walks so this was encouraged. Staff told us they wanted to spend more time outside with people building up their skills and confidence, but it could be difficult when people were reluctant to do so.
- People were supported to spend time with people who were important to them. This included visits to their family homes as well as relatives visiting the service.

Improving care quality in response to complaints or concerns

- We received mixed views from relatives about the management of complaints. One relative commented, "I have real problems with finding someone to speak to about concerns. I will now email the manager and copy in the team leaders so it's in writing. I very rarely get answers to those emails though." However, another told us, "We've not had to complain at all. We might raise minor issues like a lost towel or something, and I'll ask [family member] if they are happy for me to feed it back to the manager. The manager will always treat it with respect and take it seriously."
- We looked at the complaints received in the last 12 months. These showed that 3 complaints were received and fully investigated with appropriate actions taken.
- A complaints policy was available for people to access which could be made available in a different format if people required it so that people, and those important to them, could raise concerns and complaints easily.

End of life care and support

- There was a 'My thinking ahead' advanced support plan template to record people's preferences in relation to palliative care and end of life care. The registered manager said these had not been in place when they commenced as the registered manager but was an area they were intending to develop.
- In the event this type of care was needed, there was a policy in place for the registered manager to be guided by.

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.

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

- Most relatives felt improvements had been made and the atmosphere at the service was warm and welcoming. One relative said, "I think it's very welcoming and very caring. It meets [family members] needs and has worked well. So, for [family member] to be in a home where people really understand their condition is so much better and reassuring."
- Staff told us the culture of the service had significantly improved. The management team were visible, and staff felt able to raise concerns with the registered manager. One staff member said, "The manager is a good role model and always has time for us if we need to speak with them."
- Staff spoke positively about the leadership and management of the service. Staff felt well supported and able to approach the registered manager with any concerns, issues or new ideas. They said they felt listened to and valued.
- The registered manager and family members spoke of planned improvements to the environment to personalise it to better reflect the personalities of those living at the service. We saw this had already commenced and people were involved in the process.

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

- Since the last inspection the legal entity has changed. There was a new registered manager in place who had implemented numerous improvements. A relative commented, "Since [registered manager] joined a lot of changes have been made, both practically and emotionally and the staff seem much happier too."
- Staff were feeling positive about the changes and the new manager. We spoke with a group of 3 staff who told us, "We get very good debriefs following an incident which we didn't before. The manager is very good; very supportive and experienced. The manager listens to us." Another staff member said, "I think you are going to walk away amazed. There are lots of improvements."
- The registered manager was very open and honest about what improvements were required and welcomed the inspection as an opportunity to learn. They had developed an action plan to bring about improvement. The action plan had focused on all areas of the service and we saw many of the actions had already been completed.
- Systems in place to monitor the quality and standards of the service had improved. The registered manager completed regular audits on areas such as medication, care notes, infection control and the environment.
- The registered manager promoted a culture of developing staff to reach their potential and staff had been given extra responsibilities and a clear career pathway. Staff felt empowered to lead within their own areas of the service and initiate new ways of working.

- The registered manager was aware of their regulatory responsibilities. This included submitting notifications to the CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Some relatives did not feel that communication was effective, and they did not feel involved in their family members care. One told us, "Communication is lacking all round to be honest." Another commented, "I had a real problem getting hold of a copy of [family member's] care plan. They would not send it out to me." We saw that this had been resolved with an action plan in place to improve communication.
- The registered manager was working towards improving communication with relatives. For example, we saw family action plans, running email conversations with family members, family communication logs and regular telephone conversations which staff recorded to ensure that communication/requests/feedback from family was documented and could be actioned.
- Team meetings took place regularly and detailed minutes were shared with the staff team. Staff told us the meetings were useful and informative. Staff were also able to complete questionnaires about the service and their roles and raise any concerns.
- A healthcare professional informed us that following an incident the registered manager informed them about it straight away and then had a meeting to discuss what went wrong and what had they learnt from it.
- The registered manager and team were supportive of the inspection process and keen to take on board any recommendations of how to further improve the service for the benefit of people living there.

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; Working in partnership with others

- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
- People living in the service had access to advocacy services when needed to ensure their views and wishes were heard and made known.
- The registered manager worked collaboratively with health and social care professionals to ensure people received care which met their needs. A healthcare professional commented, "I have no concerns about the service. We work together to support [name of person] and improve their quality of life."