

Principle Care Limited

Touchwood

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

About the service

Touchwood is a care home registered to provide accommodation and personal care for up to five people diagnosed with autistic spectrum disorders and learning disabilities. At the time of this inspection there were four people living at the home.

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.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people .

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People's experience of using the service:

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focussed on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us they felt safe and enjoyed living at Touchwood. People were relaxed and happy with staff, who knew them very well. Staff treated people with patience, kindness, dignity and respect. Relatives told us the service had greatly improved since the current registered manager had been employed.

Staff spoke knowledgably on how to identify and report abuse and were well supported in their roles. Staff

received regular supervision and annual appraisals to enable them to carry out their roles competently. People were supported by staff who had received appropriate training to carry out their roles.

Risks to people's health, safety and well being were regularly assessed, reviewed and updated. People and their families were fully included and involved in their care and support. People's views and opinions were listened to and acted upon wherever possible.

People's health care needs were met and staff supported them to see healthcare professionals when appropriate. Medicines were managed, stored and administered safely. People were supported to take their medicines safely by staff who had received the appropriate levels of training.

People were supported by safely recruited staff and there were enough appropriately trained and experienced staff to support people in ways that suited them. Communication styles and methods were tailored to individual people and staff supported people to understand the choices available to them.

People received healthy, nutritious meals which they enjoyed planning and preparing. Meal times were a social occasion where people could choose to spend time with others or in their bedrooms if they preferred.

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 lead active lives and were encouraged and enabled to pursue hobbies and get involved in activities in the wider community. A variety of in- house activities were provided based on people's interests and choices.

The service worked collaboratively and closely with health care professionals to ensure people received the best care and support at all times.

There was a complaints policy in both a text and pictorial format which gave clear guidance for all people. People and relatives told us they knew how to make a complaint if the needed to and felt any concerns would be taken seriously and action taken straight away.

There was a clear management structure and people, relatives and staff spoke highly of the registered manager who ensured there was an open, supportive, friendly, professional culture at the home.

There was a system of ongoing quality assurance systems in place to drive improvement and ensure the home offered a safe, effective, caring and responsive service.

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

Rating at last inspection and update

This last rating for this service was requires improvement (published 14 August 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was responsive.

Details are in our responsive findings below.

Good ●

Touchwood

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

Touchwood is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service did not provide nursing care.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and reviewed the PIR the provider had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also sought feedback from the local authority and professionals who work with the service for their views on the care and service given by the home.

During the inspection, we met three of the people who used the service and spent some time with them. We observed and listened to how staff interacted with people and spoke with four relatives. During the visit we spoke with the registered manager, the managing director and three members of staff.

We observed how people were supported and, to establish the quality of care people received, we looked at records related to people's care and support. This included two people's care plans, care delivery records and four people's Medicine Administration Records (MAR). We also looked at records relating to the management of the service including: staffing rotas, staff recruitment, supervision and training records, premises maintenance records, quality assurance records, training and staff meeting minutes and a range of the provider's policies and procedures.

After the inspection

We sought clarification from the provider to validate evidence found and received written feedback from a health professional who regularly visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they enjoyed living at Touchwood and felt safe there. One relative told us, "I have peace of mind, [person] is very safe there and happy."
- Staff understood their role in protecting people from abuse. Staff spoke knowledgeably about how to recognise the different types of abuse and knew how to report any concerns.
- There was a safeguarding and whistleblowing policy in place which gave staff clear guidance to follow if they needed to refer any concerns to the local authority.

Assessing risk, safety monitoring and management

- Risks to people and the service were managed so that people were protected and their wishes supported and respected. People were involved and included in their risk assessments which ensured a reduced risk of harm with the least possible restriction to people's freedom, and independence.
- Risk assessments gave clear guidance for staff on what may trigger anxiety or incidents for each person and how to safely de-escalate a situation.
- There were systems in place to ensure the premises were maintained safely. There were personalised plans for people to ensure a safe evacuation from the premises in an emergency situation such as a fire.
- Up to date service and maintenance certificates relating to electric, gas, fire and water systems were available. Legionella testing was scheduled to be completed immediately following the inspection. Legionella are water borne bacteria that can be harmful to people's health.

Staffing and recruitment

- The service was fully staffed and people, relatives and staff told us there was enough suitably trained staff on duty at all times. One member of staff told us, "There are enough staff on to help people. Especially when people go out, they get additional staff to support them." Recruitment practices were safe and the relevant checks had been completed on all staff.
- People were involved in the recruitment of staff if they wanted to. The provider ran a meet and greet session where people could meet prospective staff if they wished to.
- Staff rotas correctly reflected the levels of staff on duty during our inspection visit. Annual leave or staff sickness was covered by existing staff. If this was not possible the provider had their own bank of suitably qualified staff that they could use to cover staff absences. This ensured people received care from a consistent staff team who knew them well.

Using medicines safely

- Medicines were safely managed, stored and administered. People received their medicines when they

needed them.

- Staff who administered medicines had received up to date medicine training and had their competency checked.
- There were clear protocols for administering PRN (as required) medicine and staff spoke knowledgably about administering PRN medicines. People had known allergies recorded and there was a system of body maps in use to ensure people had their creams administered correctly.

Preventing and controlling infection; Learning lessons when things go wrong

- Staff had access to personal protective equipment and wore it appropriately. Staff had received training in infection control and food safety and understood how important it was to reduce the risk of cross contamination.
- There was appropriate equipment and cleaning schedules in place to clean the home effectively.
- There was a clear procedure in place for reporting and recording accidents and incidents. All incidents were reviewed, analysed and monitored for any trends or patterns of behaviour, this ensured incidents were responded to appropriately and lessons shared and learned with staff.

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 requires improvement. At this inspection this key question has now improved to 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 and their relatives were involved in their day to day care and support and told us they felt listened to and able to make their own choices.
- Care and support was planned and delivered in line with current legislation and good practice guidance. Staff worked with people to encourage and support their independence. Assessments were unique to each person and contained information and guidance for staff to follow to ensure people were effectively supported in ways they preferred.
- People were supported to be themselves and given access to information and support to live their lives as they chose. This included them being provided with support to consider all aspects of their gender, sexual orientation and disability.

Staff support: induction, training, skills and experience

- People were well supported by appropriately trained staff. Staff told us they could access the training they needed and had found the training detailed, helpful and well delivered.
- Training was relevant and specific to the needs of people living in the home and staff were able to use, and develop, their learning alongside colleagues.
- A member of staff said, "The first aid and safeguarding training was good actually. I'm happy with the training and we get on-going training when you need it. I can request specific training and I've had specific training given as I need it. I loved the specific autism training, that was mind blowing and really stuck with me."
- Staff told us they felt well supported by their colleagues and the management team. One member of staff told us, "Our manager has been great, very supportive. There is an open door policy and we get really good development."
- Staff spoke positively regarding the induction process they had received at Touchwood. Staff completed their three-day induction and then spent time shadowing more experienced staff so they got to know the people before caring and supporting them independently. One member of staff said, "I did shadow shifts at Touchwood. The manager said I could shadow until I felt comfortable. I observed and followed and shadowed all different staff and the interactions gave me confidence. I was given enough time to become confident... everything was given to me at my own time until I was fully confident with no pressure to go to quickly."
- Staff received regular supervision meetings which were helpful and supportive. The sessions were used to develop and motivate staff, reviewing their practice and checking if staff wanted to progress further or develop specific skills or training related to their interests.

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

- People were encouraged and supported to be fully involved in the planning, preparation and shopping for the meals for themselves and others living at the home. We observed meal times were relaxed and friendly with people choosing where and what they wanted to eat.
- There were pictorial menus on display showing people what meals were planned for the week. People received home cooked, healthy, nutritious meals. People's dietary needs were recorded in their support plans.

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

- The environment reflected the homely, friendly atmosphere of the service. Recent improvements had been made which included decoration, new furniture and new carpets in people's bedrooms.
- People had their own bedrooms which were personalised and decorated to their individual taste. Shared communal areas were bright and comfortable which helped provide a warm, family friendly atmosphere.
- Improvements had been made to the front garden and people and local residents had positively commented on the changes that had taken place. Improvements were in the process of being completed on the back garden where large trees had been pruned and felled to make space for people to enjoy the garden.

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

- There were systems in place to monitor people's on-going health needs. Staff supported them to keep active and to maintain relationships and interests.
- People received the support they needed to manage their health, including any assistance they needed to arrange and attend appointments with health professionals.
- People had 'Dental and Hospital Passports'. These gave important information about each person, their likes, dislikes and things that were important to them. This information would need to be known if the person transferred to another service such as a hospital.
- The service worked collaboratively with external health care professionals and specialists. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure people got the right healthcare. Records reflected this was the case for ongoing health issues and emerging issues.
- People received an annual health check as per best practice for people with a learning disability.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. No one living at the service was subject to any restrictions of their liberty.

- Staff had received training in The Mental Capacity Act 2005 and spoke knowledgeably regarding how it

applied to the people they supported at the service.

- Care and support records contained details of people's consent.
- Where people lacked capacity to make decisions about their care and support, best interests decisions had been made for them.
- People were involved and consulted in the writing of their care and support plans. This showed people had given their agreement to consent to how their care and support was delivered.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved partners in their care.

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

- People and relatives told us the staff were kind, caring, gentle and knew everyone very well. One relative told us, "[Person] is so happy here. He is always keen to come back to Touchwood...it is the right place for him... all the staff get on well with [person] and he is very happy here."
- Relatives told us they were kept fully informed in the care of their relative and found the staff team approachable, friendly and professional. One relative told us, "The staff take such an interest in the clients... they all make a lot of effort, it's all good".
- One member of staff told us, "It's such a loving home, it's a proper home for them. The staff are genuinely caring and go out of their way to make sure things happen for people if it's important to them... it doesn't feel like a residential home it feels like a family home, it is fun, and we are all so caring. I do really like my work, the people I work with and the people I support."
- There was a friendly, calm, welcoming atmosphere at the home. People's friends and family members were made to feel welcome whenever they visited, and people were supported to maintain family relationships if they wished to.
- Throughout the inspection we observed positive interactions between staff and people. Staff showed genuine warmth and compassion when supporting people. Staff knew people very well and ensured they delivered their care and support in ways that people preferred.
- The service took a person-centred approach to care and support. People's care plans and support records set out aspects of people's characteristics, beliefs and preferences to ensure people's equality and diversity was respected.
- There was as strong ethos of people having choice and taking control of their lives. The registered manager told us, "People have the control, we are here just to support them."

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

- Relatives and staff told us communication was very good and they were kept well informed about daily events and any changes to people's health and needs. One relative said, "I'm kept informed, I e-mail the manager and staff encourage [person] to raise any problems with the staff. Any problems I go straight to manager and they are sorted."
- A member of staff said, "Communication is good. We have handovers and meetings, if something happens we are told straight away... We have a 'what's app' communication group for staff and this works very well."
- People, family members, staff and health professionals were all involved in decisions regarding ongoing care and support. People were supported by staff to make choices affecting their daily care and support. People's views were listened to and acted upon and people were involved in agreeing and compiling their

own care and support plans.

- There were weekly house meetings where people were given the opportunity to share information that was important to them and put forward their views, preferences and ideas.
- Support plans considered people's disabilities, age, gender, relationships, religion and cultural needs.
- Each person had a pictorial service user guide which gave clear information about who, when and how to contact people if they had any concerns or queries. Information included all aspects of the service and included the provider and staff team, financial information and how to feedback if people were unhappy about any aspect of the service.
- People were offered encouragement and support by staff to make decisions they may find difficult. Staff respected people's choices and their rights to do what they wished.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance in respecting people's rights to privacy and dignity and this was supported throughout people's care and support records.
- The service had signed up to the Dorset 'Bill of Rights Charter'. The charter is written by people with learning disabilities and is for organisations, services and individuals to sign up to, to say they will support and work to the Bill of Rights. By signing up to this charter, the provider showed their support to achieving equal rights for all people.
 - Staff promoted people's independence and people were encouraged to set themselves achievable, realistic goals to work towards. Staff had been supporting people to vote, which allowed them to exercise their right to vote and have their opinions heard.
 - Staff respected people's bedrooms as their private space, seeking permission before entering.
 - Personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to ensure that an accessible system for identifying, receiving, recording and handling and responding to complaints in relation to the carrying on of the regulated activity was in place. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 16.

Following our last inspection, we issued a requirement notice requiring improvements to meet regulation 16. The provider wrote to us and told us they would meet the requirements of this regulation by 19 August 2018. The provider told us they would arrange for resident, relative and staff surveys to be completed in accessible formats, results from these surveys would be published and any action plans shared with all. An accessible complaints policy would be displayed in the service and audits of all complaints completed to identify any emerging patterns or trends. Complaints would be discussed with staff in team meetings in order to ensure all staff were aware how to record and respond to complaints.

- One relative told us, "Since [manager] has arrived, it's all very much better. We are kept informed about all things really well. Since [manager] arrived we haven't been given any reason to complain, he's done very well."
- One member of staff told us, "I feel listened to and feel I can tell them anything. I feel comfortable to raise anything... each person's input is so valuable, staff meetings are so useful we see what works for us and what didn't."
- The provider had a clear complaints policy, and guidance leaflets in both written and pictorial formats were freely available around the home for people to refer to if they needed to complain. This ensured people were supported to make complaints and encouraged to put forward their views and concerns as necessary. This promoted an open, supportive culture.
- The service had not received any complaints since the last inspection. The service had received a range of compliments, comments included, "I would also like to say how much Touchwood has changed for the better in the last few months...it has been transformed back again into a warm, welcoming homely home" and "I was made to feel very welcome when I visited the service and was impressed at the homeliness and atmosphere of the home, it felt positive and friendly."

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

- The service and staff demonstrated an individual, person-centred approach which was reflected in the care and support plans people received. The service supported people to express their views so that staff and others understood their wishes, choices and preferences.
- People's care and support plans were regularly reviewed and reflected people's physical and mental and social needs. This ensured people received tailored, individual care and support that best suited their needs.
- Care and support plans focussed on promoting people's independence and supporting them to achieve their agreed goals as well as how they preferred their care and support to be given.

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.

- Some people living at the service were not able to communicate verbally, staff communicated in ways that suited all the people. Records showed the service complied with the Accessible Information Standard (AIS).
- Each person had an up to date communication plan in place. If people were not able to communicate verbally, pictorial support cards were available for them and their support plans gave clear explanations and guidance on their preferred communication methods. For example, one person's support plan stated, "I communicate by signing and I use picture cards when choosing menu choices."
- People had current communication passports. These gave clear guidance on how the person preferred their support to be given and how they liked to communicate. The service had downloaded, a list of free communication applications for people to use on their electronic tablets if they wished.

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

- Staff supported people to see their family and friends regularly. Relatives spoke positively about the support they had received from the management team and staff at Touchwood.
- The registered manager met with relatives regularly and encouraged family and friends to visit people regularly to ensure they maintained close, supportive relationships if they wished.
- People led busy, active lives and were encouraged and enabled to pursue hobbies and a wide range of activities both in the home and in the wider community. These included watching films, cinema visits, bowling, musical shows, swimming, visits to cafés and restaurants, playing football, shopping trips, completing arts and crafts and music sessions. One member of staff told us, "[person] likes to use the scanner and makes the payment themselves."
- People were supported to maintain and improve their independence, activities they took part in played a positive role in teaching people independence.
- People received support and learning around key life skills areas such as, money management, organising travel, learning to budget and completing household tasks such as washing, tidying and cleaning their bedroom.

End of life care and support

- At the time of the inspection the service was not supporting any one with end of life care. The registered manager told us they would be looking to support people with their end of life plans if they wished.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider had not taken effective action to assess, monitor and improve the quality of the service provided. Accurate, complete and contemporaneous records were not being kept in respect of each service user. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

Following our last inspection, we issued a requirement notice requiring improvements to meet regulation 17. The provider wrote to us and told us they would meet the requirements of this regulation by 19 August 2018. The provider told us they would implement a new quality and safety monitoring system, introduce a programme of quality and health and safety audits, recruit a registered manager and appoint a deputy manager. A questionnaire would be sent to all people receiving a service, families and stakeholders to actively seek feedback to improve the service. A new programme of training and support to staff that would include in-service coaching and mentoring.

At our last inspection we found statutory notifications that were required by the commission were not made. This was a breach of regulation 18 (Notifications of other incidents) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

Following our last inspection, we issued a requirement notice requiring improvements to meet regulation 18. The provider wrote to us and told us they would meet the requirements of this regulation by 19 August 2018. The provider told us they would recruit a registered manager and appoint a deputy manager to support the registered manager. The quality team would conduct audits and review all notification submitted to CQC. All incident reports and notifications to be collated centrally to ensure trends and patterns would be identified and shared with the quality and health and safety team.

- Relatives and staff spoke very positively about how the service was managed and the improvements that had been made. One relative told us, "Since [manager] has been here it has improved a lot... He has tried very hard to turn it around. I can't fault [manager] and the staff they do their utmost. A staff member said, "There is always someone here to help, the staff and [manager] are amazing, everyone is so helpful and supportive."
- Another relative said, "[Manager] has been a great force for good. They are so committed and have put in lots of effort and it has all greatly, greatly improved. [Manager] adapted [persons] care plan to suit their needs and they all know [person] so well."
- Staff were confident in the quality of care, support and guidance they were able to offer people which gave a strong focus on person-centred, individualised care for people.
- There were effective systems in place for the registered manager and provider to oversee Touchwood and monitor the quality of service provided. There was a process of continual improvement and quality assurance with a variety of audits completed to ensure the quality of the provision was maintained.
- Notifications to CQC, as required by the regulations, had been appropriately made.
- There were regular team meetings held where staff felt comfortable to raise any issues or concerns and felt valued and listened to.
- Staff told us team meetings provided a valuable time to discuss lessons learned and different ways of helping and supporting people. Staff viewed team meetings as supportive and helpful.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, staff and one relative told us they felt the service was well-led, with a clear management structure in place. One member of staff told us, "Because it's small everyone knows their strengths and weaknesses, so we work really well together, not all homes are as relaxed and friendly."
- People, staff and relatives commented on the friendly, supportive and open culture at the service. Staff told us the management team operated an approachable, open door policy and they were always available for advice and guidance.
- Staff spoke enthusiastically and passionately about their roles and told us they felt very well supported by the management team.
- There was a clear process to report, review and analyse incidents and accidents. The provider acted in line with their duty of candour.

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

- There was a system of annual quality assurance questionnaires in place for obtaining the views of the service from people, staff, relatives and health professionals. Results from these questionnaires were analysed and any areas of weakness or concern identified and acted upon.
- People were given the opportunity to attend weekly house meetings. These gave people a forum to put forward their views and raise any concerns they had. People's views and requests were listened to and acted upon.
- The service worked collaboratively with all relevant external stakeholders and agencies. Staff told us the support and guidance they had received had made positive impacts on the lives of the people who lived at Touchwood.
- The registered manager kept up to date through the receipt of monthly briefings from CQC, regulation and Adult Social Care guidance documentation and attending local adult social care forums and events.