Progress Housing Limited

Marlow

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 carried out a comprehensive inspection of Marlow on 25 July 2018.

Marlow is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Marlow is registered to provide accommodation for people requiring personal care for up to 15 people, older people and younger adults with learning disabilities or autistic spectrum disorder, physical disabilities, sensory impairments and mental health support needs.

People lived in separate parts of the premises of the service; the downstairs of the building was called Marlow and upstairs there were two smaller self-contained flats. At the time of the inspection there were 15 people in total living at Marlow. 11 people lived in Marlow and four people lived in Marlow flats.

Marlow has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using this service can live as ordinary a life as any citizen.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first inspection of the service since it was registered with the Care Quality Commission (CQC) in June 2017.

People told us they felt safe. One person said, "I feel very safe and comfortable". There were systems and processes in place to keep people safe from abuse. Staff had received safeguarding training and understood how to recognise signs of abuse and their responsibilities to report this internally and externally if concerned.

People had risk assessments in place that identified any potential hazards to their well-being, the risks this presented and the control measures needed to keep them safe. Where ever possible, people were involved in this process and restrictions on their independence were minimised.

Systems for ordering, storing, returning and disposing of medicines were overseen by the registered manager and were operating safely. The service had enough staff to meet people's needs and there were safe recruitment processes.

The premises and equipment within it were well maintained and clean and hygienic. Staff received infection control training and used plastic gloves and aprons when supporting people with personal care tasks.

People and their relatives told us that the service was effective. People's physical, psychological and social needs had been comprehensively assessed to ensure they were able to meet their preferred support outcomes.

Processes were in place to ensure there was no discrimination for people when they made their support decisions. Staff received Equality and Diversity training and there was an 'Equal Opportunities, Diversity and Anti-Oppressive Practice' policy.

All new staff received a comprehensive induction that met the Care Certificate standards. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.

There were comprehensive induction, probation and on-going training and supervision processes to help staff to deliver effective support. Staff worked well with external agencies, such as local authority social and healthcare services and other providers to help co-ordinate people's support so their needs could be effectively met.

People were involved with planning their meals and had been assessed with any necessary specialist input to help manage any specific or complex eating and drinking needs. People had support to monitor their healthcare needs and access healthcare services if necessary. The physical environment of the service was personalised and had been adapted to meet people's needs.

People had the consented to their care and the service was operating within the principles of the Mental Capacity Act. Any conditions on authorisations to deprive a person of their liberty were being met and considered how to support people in the least restrictive way.

Staff were caring and people's privacy, dignity and confidentiality were respected. Staff listened to people and communicated with them in the most accessible way. Where necessary, staff supported people to contact and use other services to help them express their views and ask and answer questions about their support.

People were encouraged to be as independent as possible. Staff told us that it was important to encourage people to do all that they could themselves. One member of staff said, "We are always trying to upgrade people's independence and look to see how we can make this happen."

People and their relatives told us they received personalised care. A relative told us, their family member, "Is always doing something they enjoy". People and their relatives were involved in planning people's care and information about their support was provided accessible ways to help them be in control of their support as much as possible.

People had care plans that contained details about their life histories, relationships, interests and aspirations and how this related to and informed how they wanted and needed to be supported. People's care was regularly reviewed to ensure they maintained a good quality of life and received consistent person-centred support.

People were encouraged and supported to develop and maintain relationships with important people in their lives both inside and outside of the service. Visitors were encouraged and people had regular visits from family members and friends and were supported to meet up with them outside of the service.

People had support to plan and access individual activities, to allow them to follow their interests and aspirations. People enjoyed support to access a range of activities at the service and in the wider community, including attending music festivals, social groups and local colleges.

There was a complaints policy and this was available and on display in 'Easy Read' format so people could access this easily. Complaints were responded to in line with the organisations policy and used as an opportunity to review if any improvements could be made.

There was a positive, inclusive and open culture that promoted empowering people through providing person-centred care. Management supported staff to deliver high quality care based on values that people using the service had been involved with developing.

Staff well-being and equality and diversity rights were respected. Staff had support with development and learning opportunities and individual staff and team achievements were celebrated.

There were effective quality assurance systems in place which management monitored to identify any risks or areas of practice in order to improve or build upon. Actions were prioritised and timeframes for completion were set to help make sure the service was addressing any issues in a timely manner.

People and relatives were consulted with to help understand how the service was performing and be involved with its development. Staff and management worked with external agencies such as the local authority care management and safeguarding team to promote consistency in the expectations and quality people's support.

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.

Medicines were manged safely.

Systems and processes were in place to protect people from abuse.

Control measures were in place to manage risks to people in the least restrictive way possible.

There were safe recruitment practices and the service had enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People's needs were effectively assessed and they had support to achieve their chosen outcomes.

The service followed the principles of the Mental Capacity Act 2005 and people consented to their care.

Staff received training and supervision and had the right skills and knowledge to meet people's needs.

People had effective support with their eating and drinking and healthcare needs.

Is the service caring?

Good

The service was caring.

Staff were kind and involved people in making decisions about their support.

Staff communicated appropriately with people in accessible ways and supported them to express their views.

People's privacy, dignity and confidentiality was respected.

People were encouraged and supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People were involved with planning their support and had care plans in place that reflected how they wanted and needed to be supported.

Staff knew people well and responded quickly to changes in people's needs.

People had support to follow their interests and aspirations and at the service and in the wider community.

Staff supported people to develop and maintain relationships with important people in their lives.

Is the service well-led?

Good

The service was well-led.

Staff and management were committed to providing person centred support that empowered people to be able to lead a fulfilling life.

There was a positive, inclusive and open culture and staff were well supported by management.

Quality assurance and governance systems were effective in managing quality and safety risks and helping the service to continually improve.

People, staff and relatives were involved in developing the service.

Marlow

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 July 2018 and was unannounced.

The inspection team consisted of an inspector 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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events the provider is required to tell us about by law. This is necessary so that, where needed, the Care Quality Commission (CQC) can take follow up action.

During the inspection, we spoke with two people using the service, two people's relatives, four support workers, the deputy manager, the manager of Marlow flats and the registered manager. We obtained feedback via email from two community health and social care professionals who worked with the service to provide support for people living there.

We reviewed care records for two people receiving personal care support and 'pathway tracked' them to understand how their care was being delivered in line with this.

We observed the support that people received in the communal areas, including lounges and dining areas of the service.

We reviewed staff training, supervision and recruitment records, medicines records, care plans, risk assessments, and accidents and incident records. We also reviewed complaints and compliments documents, quality audits, policies and procedures, staff rotas and other records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel very safe and comfortable". A relative said, "[name] is very safe." We found that the service was safe and people were protected from abuse and avoidable harm.

There were systems and processes in place to keep people safe from abuse. The service provided easy read information to support people to understand and be aware of different types of abuse, including discriminatory abuse. This helped people to recognise situations of potential abuse and know what they could do, or who they could speak with, to get help to prevent this.

Staff had received safeguarding training and understood how to recognise signs of abuse and their responsibilities to report this internally and externally if concerned. Any concerns reported to the registered manager were reviewed and appropriate action taken to keep people safe was taken. This included reporting to external agencies, such as the local authority safeguarding team. This helped agree, plan and implement any necessary further actions to keep people as safe as possible.

People had risk assessments in place that identified any potential hazards to their well-being, the risks this presented and the control measures needed to keep them safe. Where ever possible, people were involved in this process and restrictions on their independence were minimised.

For example, one person was at risk when out in the community due to lack of road safety awareness. The person was encouraged to go out regularly and walk independently instead of staying in their wheelchair with a safety belt on. Staff instead managed the risk through remaining close by their side to be able to re-direct them using approved techniques away from the road, if necessary.

Staff completed daily notes and specific report forms to record and report any accidents or incidents. The registered manager then put actions into place to keep people safe. Staff told us actions were put in place quickly and effectively following any incident. Outcomes and learning from incidents and accidents were communicated with staff and discussions focused on identifying and implementing long-term preventative solutions.

If necessary, the registered manager reported incidents and accidents onto other relevant partner agencies such as the local authority for review. They had recently contributed to a local authority initiative, along with other providers, to review broader themes about reported incidents. Their input had helped agree a more stream-lined and person-centred incident reporting format. This had made it easier to identify the main areas of concern and prioritise any immediate response actions to keep people safe.

Systems for ordering, storing, returning and disposing of medicines were overseen by the registered manager and were operating safely. Staff had regular medicine administration, management training and competency assessments. Medication Administration Records (MARs) were in place and included details about how people's medicines should be taken or used and how often. Staff followed instructions on MARs and signed to say they had given people's medicines. This helped ensure that people got their medicines as

intended.

People had assessments of the level of support they needed with their medicines. People had body maps in place and guidance for when to offer and administer any prescribed 'as and when required' (PRN) medicines. This ensured people were not receiving inappropriate or excessive medicines or topical creams.

The service had enough staff to meet people's needs. Rotas were managed to make sure that people's individual needs were met. People who required 1:1 support had designated staff members. People who needed specific medicines or equipment were allocated staff who had completed the required training to be able to support them with these safely.

There were safe recruitment processes. All staff working at the service had undertaken a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions and help prevent unsuitable staff from working in a care setting. Staff also submitted, applications, references and other character and competence checks prior to being offered a position. There was then a further induction and probation period to assess that staff were suitable and safe to work before becoming a permanent member of staff.

The premises and equipment within it were well maintained. Equipment was checked internally by staff and annually by external contractors. Maintenance issues were reported and there was a designated maintenance member of staff on-site to address any issues in a timely manner.
Health and safety and fire checks of the communal areas and people's rooms took place regularly. Staff carried out regular fire alarm tests and fire drills. People had Personal Emergency Evacuation Plans (PEEPs) in place so staff knew how to support them safely in the event of a fire.

During out inspection the premises were clean and hygienic. People had support from staff to clean communal areas, bathrooms and bedrooms daily, with 'deep cleans' occurring once a week. Where it was possible, people were involved in carrying out cleaning tasks.

Staff received infection control training and used as plastic gloves and aprons being used when supporting people with personal care tasks. We saw suitable bags, containers and disposal equipment was available and in use by staff when supporting people to manage any hazardous waste such as continence support equipment. Staff had received food hygiene training to know how to safely support people with any food preparation and handling support they needed.

Good

Is the service effective?

Our findings

People and their relatives told us that the service was effective. A relative told us, "I am very happy with the care at Marlow". We found that people were supported in a way that helped people achieve good outcomes and have a good quality of life.

People's physical, psychological and social needs had been comprehensively assessed to ensure they were able to meet their preferred support outcomes. People or, where appropriate, family members, health and social care professionals and other relevant people were also involved. This helped to share information and make sure people got the support they wanted and needed. The provider had an 'Awesome Interview' initiative which involved people from Marlow and other services run by the provider in recruiting new staff. This helped to ensure staff and people were well matched.

Relevant professional guidance was obtained when assessing people's needs, to ensure the right support was put in place. For example, a health and social care professional told us how they had worked with the service to assess a person's needs. This allowed the person to successfully secure additional funding to put in place a more effective package of support. The professional said, "We achieved a successful outcome for this person, getting funding they needed which has really changed the quality of their life."

Processes were in place to ensure that there was no discrimination for people when they made their support decisions. Staff received Equality and Diversity training and there was an 'Equal Opportunities, Diversity and Anti-Oppressive Practice' policy. Managers told us they were very aware of the importance of ensuring staff upheld this policy. They had recently held refresher training exercises with staff to re-visit the importance of considering and respecting people's differences. Staff told us how they put the policies into practice. For example, by supporting people to attend churches of their favoured religion.

All new staff received a comprehensive induction that met the Care Certificate standards. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.

After completing their induction, there was a further probation period and then on-going regular training, supervisions and appraisals. Staff had training in a range of subjects, including learning disabilities and autism, to help them deliver effective support. Training took place regularly and was currently in the process of being updated for staff at the service. Staff could request additional training if they felt they needed to improve their knowledge and skills.

The registered manager attended local learning disability provider forums and was a member of the Skills For Care Registered Manager's forum. They shared information from these sources via workshops held at team meetings that were designed to keep staff up to date with professional guidance. In addition to this, competency assessments and observations of staff knowledge were held every six months. This helped to ensure staff could evidence they were putting their learning into practice to meet people's needs in the best

way.

Staff worked well with external agencies, such as local authority social and healthcare services and other providers to help co-ordinate people's support, so their needs could be effectively met. We saw a compliment from a relative of a person using the service praising the work of Marlow staff when supporting their family member with a recent hospital stay. Staff had liaised with hospital staff effectively throughout, including an unplanned and potentially disruptive extended and unforeseen delay. This had ensured relevant information was shared between services about the person's needs and they had received consistent and person-centred care.

People were involved in their eating and drinking support and had support to make decisions about what they ate and drank. People planned regular menus with staff who encouraged people to make healthy eating choices. Staff made sure all people were involved with this process. For example, people who communicated through non-verbal means were presented with a selection of pictures depicting different meals. Their choice was then recorded on the menu planner.

People's nutritional and fluid needs had been assessed with any necessary specialist input to help manage any specific or complex eating and drinking needs. Meals were appropriately spaced and people had enough to eat and drink. We observed people enjoyed meals at their own pace and could request a different choice or more food and drink if they wanted. Mealtimes were a happy and inclusive social occasion, and we observed people and staff sitting, eating, talking and laughing.

One person received their food via percutaneous endoscopic gastrostomy (PEG) tube. This is a tube that is inserted into a person's abdomen so they can receive liquid food, fluids or medicines directly to their stomach. They were invited to join the rest of the people who were eating so they could enjoy the social experience. The staff team ensured they were included in the conversations.

People had support to monitor their healthcare needs, and staff helped them to access healthcare services if necessary. One person said, "If needs be, they get a doctor very quickly". Staff monitored people's health daily. For people who did not communicate verbally, there were specific tools in place to help staff understand when they might be saying they were in pain or emotionally distressed.

For some people, staff recorded information about their health such as psychological well-being, weight or bowel movements to assess what had been recorded to see if escalation for further healthcare support was necessary. A relative told us this process was effective saying, "Staff pick up on their mood and they have liaised well with the GP about their mental health needs."

Staff attended health appointments with people to help explain the advice about their health and treatment options. This information was shared with other staff following appointments to ensure people had consistent support to maintain their health. People had a 'Hospital Passport' containing important information about their health, social and communication needs to help share information effectively with healthcare professionals if temporarily placed in their care.

The Mental Capacity Act (MCA) 2005 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. We checked to see if the service was operating within the principles of the MCA and found that it was.

Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. People had been assessed about their mental capacity to be able to make decisions about different activities. If applicable, a relevant person acting in people's best interests had been consulted to make sure the right decisions about their support were made.

People can only be deprived of their liberty so that they can receive care and treatment when this is in line with their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had initiated the correct assessment process and submitted applications for DoLS for people who required them. Any conditions on authorisations to deprive a person of their liberty were being met and considered how to support people in the least restrictive way.

The main service and each of the Marlow flats had communal kitchens, dining rooms and lounges where people could take part in activities and meet with other people and visitors. People had access to a paved garden where they regularly spent time to eat meals and socialise. The physical environment was adapted to help meet people's needs. For example, there were wide corridors and doorways to allow people who used wheelchairs to move around the service easily.

People could spend time in their bedrooms if they wanted and there was another smaller lounge available for people who wanted to be alone. Bedrooms had been personalised with people's chosen pictures, furniture and belongings. Communal areas of the service had been decorated with pictures people had chosen and posters they had created themselves during art and craft sessions at the service.

Good

Is the service caring?

Our findings

People told us they thought that staff were kind. One person said, "The staff are very caring, I like all of them." A relative told us people were treated with respect. They said, "People and their needs are put above everything else." We found the service was caring and people received dignified and compassionate support.

People had an 'All about Me' document that provided information about their preferences and personal histories. Staff used this information along with talking and interacting with people to understand who people were and what was important to them. People told us that, "The staff are great, they know me" and that this helped them to feel respected as an individual.

Staff listened to people and communicated with them appropriately. Staff were friendly and approachable and acknowledged people at their eye level when talking with them. Staff used appropriate forms of language and waited to allow people as much time as they needed to respond and ask questions during conversations. This helped make sure that people and staff understood each other.

The registered manager promoted a positive communication approach to help make sure all people and staff found it easy to talk to and understand each other. Where appropriate, staff used pictures, objects and signs to help people who could not read or understand more complex words and sentences. For one person who could understand verbal communication but did not speak, they used a notepad to write down what they wanted to say to staff.

Another person communicated verbally but had a limited vocabulary and staff and the person had found it difficult to understand each other in the past. The person loved music, so staff sang to the person to communicate as they found doing this reduced a barrier to their mutual understanding. This had also resulted in the person being able to learn new words and they were now able to construct full simple sentences.

We observed staff were compassionate, enquiring about people's well-being and providing comfort and reassurance throughout the inspection. Staff responded to people quickly if asked. If it was not necessary or they were unable to provide support immediately, they would explain the reason to the person and inform them how long they would be.

We saw a compliment from an external hairdresser, praising the way that staff had responded in a compassionate way to support a person who was emotionally distressed. The person found the experience of getting their hair cut upsetting. Through positive reassurance from a staff member the person felt comfortable enough to have their hair cut for the first time in over a year. When the person decided to stop the hair cut before it was completed on the first day, the staff member came in on their day off to support the person and make sure it was finished in a timely manner.

People were encouraged to be as independent as possible. Staff told us that it was important to encourage

people to do all that they could themselves. One staff said, "We are always trying to upgrade people's independence and look to see how we can make this happen."

For example, one person had initially required full support to put their socks on. Staff had worked with the person to, at first, place their foot in the sock and then have the person pull this up. This had progressed to just the toes being placed in the sock until the person was able to do the whole task themselves without any support.

We observed other examples of staff adopting a patient approach to enable people to be as independent as possible, according to their individual level of support need. A person asked staff for help to finish their lunch. Staff supported the person to gather the food onto a spoon and then presented this to the person, reminding them in a friendly manner that the person did not need their support to eat. The person was then able to finish their lunch themselves.

Staff told us they had time to spend with people and this helped to make sure that they involved people in decisions about their care. One staff said, "We always give people choice and will respect this." We observed that staff made suggestions, asked questions and did not try to interfere or change people's opinions or choices when they were supporting them throughout the inspection.

Where necessary, staff supported people to contact and use other services to help them express their views and ask and answer questions about their support. For example, during a recent review of a person's care following an incident staff had arranged for them to be supported by an independent mental capacity advocate (IMCA) to speak up for them during this process.

Staff respected people's privacy and dignity. One staff member told us, "I always knock on people's doors before entering and ask if it is ok that I can come in." People's preference for receiving support from staff of a particular gender was recorded and rotas were arranged to accommodate this.

Staff told us they respected people's dignity by being aware of when it was appropriate to safely give people own space when supporting people with long periods of 1:1 support. For example, when supporting people with intimate personal care not standing in the toilet with them or leaving the door open if this was not necessary.

Staff understood the importance of maintaining people's confidentiality. There were data protection and record keeping polices in place and people's personal information was correctly stored, used and shared.

Good

Is the service responsive?

Our findings

People and their relatives told us they received personalised care. A relative told us, their family member, "Is always doing something they enjoy". We found the service delivered person centred and responsive care that met people's needs.

People, and other relevant people such as family members and health and social care professionals shared information with staff about people's physical, mental, emotional and social needs. This helped to make sure that people's strengths and levels of independence were known and staff could use this information to plan and deliver personalised support for people.

People had care plans that contained details about their life histories, relationships, interests and aspirations and how this related to and informed how they wanted and needed to be supported. This helped staff to know who people were as individuals and understand their preferences and routines on a personal level.

Staff told us that alongside people's care plans, they also spent time getting to know people's history, background and likes and dislikes by talking to them and their family members. People were involved with choosing a keyworker – a member of staff with who they had a good rapport and engagement with. Staff told us that as keyworkers they had the opportunity to regularly work with people and this meant they knew them very well.

As well as having a designated keyworker who knew people well, where appropriate, information about people's support was provided in the most accessible way for them. People had personalised communication care plans that detailed the best method to share information with them according to their individual needs. This helped to make sure all people using the service could be in control of the planning and delivery of their support as much as possible.

For example, one person communicated their consent by blinking a certain number of times to indicate either 'yes' or 'no' and staff used this method to understand their choices and preferences. For other people, staff used pictorial communication tools or Makaton to share information about their support. Other documents such as care plans were also available for people in large print or 'Easy Read' formats if required.

Staff and the registered manager shared information about people's support needs and choices daily. People and their keyworkers reviewed their support monthly and support plans every six months. The registered manager recognised that these review periods were flexible and if necessary, reviews would be held at any time in response to a change in a person's needs or levels of independence. This allowed staff to put in place any required changes quickly. This ensured people maintained a good quality of life and received consistent person-centred support.

For example, following a period of being unwell regularly, a series of reviews had been initiated that had

resulted in a person being supported to change their medicines. This had reduced the person's sickness and improved their health. Another person whose support needs had temporarily increased following an accident, had been referred to an occupational therapist to access support aids and implement a structured recovery plan to enable them to regain their pre-accident levels of independence.

People were encouraged and supported to develop relationships to avoid them becoming socially isolated. People socialised together in the home and in another home next door operated by the provider. A health and social care professional told us, "I like the way that the homes also interact, they do cater for a large range of abilities but think creatively on how to support and foster friendships within the other homes. The person I was supporting regularly makes their way to another home to visit a person there and this is so important."

The registered manager and staff were aware of the importance supporting people to maintain relationships with important people in their lives. Visitors were encouraged and people had regular visits from family members and friends and were supported to meet up with them outside of the service.

For example, one person was keen to ensure they did not lose touch with their family after moving into the service. Staff supported them to regularly arrange visits to see their siblings and helped the person to invite their mother to be part of important events in the person's life, such as helping prepare and attend their college prom with them.

People had support to plan and access individual activities, to allow them to follow their interests and aspirations. A person told us, "I sometimes go out with a member of staff and we always have an enjoyable time." A relative told us that their family member, "Always enjoyed their activities."

We saw people enjoying a range of activities during the inspection both inside and outside the service, including beauty and pampering sessions, reading, arts and crafts, visiting local shops and cafes and going horse riding. People also regularly attended events in the wider community such as music festivals and social groups and two people attended local colleges to help them gain educational skills.

There was a complaints policy and this was available and on display in 'Easy Read' format so people could access this easily. Keyworkers supported people to understand how to make complaints during reviews and this was discussed at service meetings. This helped make sure that people knew how to raise a complaint. The registered manager told us complaints were responded to in line with the organisations policy and used as an opportunity to review if any improvements could be made.

The service was not currently actively supporting people with end of life care. If necessary, people could be supported to plan, manage and make decisions about their end of life care. This could include ensuring any religious or spiritual wishes were respected and people were offered emotional reassurance. The service would also make any necessary arrangements to provide the medical palliative care support, resources and equipment to ensure people would have as dignified and pain free a death as possible.

Good

Is the service well-led?

Our findings

People were relaxed and comfortable with staff and managers. A relative told us that management was very thorough and staff were committed to, "Doing whatever it takes" to support people to achieve good outcomes. We found there was a positive, inclusive and open culture that promoted empowering people through providing person-centred care.

The registered manager had a clear vision for the service to deliver support that allowed people to achieve their chosen goals and to lead fulfilling lives. People had been asked to share what was important to them and how they thought staff should support them to be able to do this. These were called "Our Values" and included promoting independence and respecting people.

All staff had regular formal and informal individual supervisions and appraisals and there were monthly team and management meetings. The registered manager told us they approached these processes as opportunities to share information and ideas to support staff to provide the best support possible. Staff told us that this support helped them to understand the link between the organisations values and how they fulfilled their roles and responsibilities was vital in realising the service's vision.

One staff said, "We reflect on our practice and get advice." Another staff said, "We will not just provide care that we need to, we want to build trust by being honest and giving people choice and opportunity to enable them as much as possible". A health and social care professional told us this vision and values came across strongly when they had worked with the manager and staff, saying the service had "A genuine aim for quality rather than business."

The registered manager told us they had spent a lot of time investing in building a more positive and open environment at the service, with the aim of providing high quality support. They made sure they were always approachable, transparent and acted with integrity when reviewing staff and service performance. Staff told us this had helped to build a supportive culture where, "We respect each other, the manager is always here, we can always raise concerns and I feel listened to".

Practising and encouraging honest communication within the staff team was also used by management as a means of promoting a culture of being open to learning and innovation. A health and social care professional told us this was reflected in their experience of working with staff, "I have also run staff workshops…staff can engage and can be challenged- these workshops have always overrun which is a good sign- staff have always been interested and are not afraid to challenge me as well."

The registered manager wanted staff to take, "Immense pride" in their job roles. As well as supporting development and learning opportunities, individual staff and team achievements were celebrated. The manager of Marlow flats told us they, "Always share positive feedback and praise" to help sustain staff motivation. We saw staff and management working together well, recognising good practice or when staff had helped colleagues outside of their usual responsibilities. There was also a wider provider initiative where staff could win a voucher if nominated for an employee of the month award.

Staff well-being and equality and diversity rights were respected. The registered manager told us, "There is no discrimination, everyone is different, we respect all differences equally". Staff could be referred to independent counselling services if requiring support with their emotional or mental health. Reasonable work-place adjustments could also be made to accommodate people's cultural, religious or personal lives if necessary.

Management regularly audited information about the care being provided at the service from a variety of internal data sources. Audits were designed to identify how all areas of service performance corresponded with current best practice guidance and legal and contractual requirements. This helped to monitor the quality and safety of the service and identify any risks or areas of practice to improve or build upon.

Information about the service performance from these audits were then uploaded onto an electronic quality assurance system and any actions were added to an on-going service development plan. Actions were prioritised and timeframes for completion were set. The system was centrally accessed and the progress of the development plan was regularly reviewed by higher management. This provided further support for the registered manager to drive continuous improvement and ensure actions were being completed on time.

The area manager regularly visited the service as part of the quality review process and to provide support via supervisions and appraisals for the registered manager. This helped to ensure that the management team fulfilled their responsibilities.

For example, submitting of CQC statutory notifications, sharing information with external stakeholders meeting duty of candour obligations. The provider also held regular management meetings, where managers within the organisation could meet to discuss and share information and ideas to help deliver the best possible service for people.

People were consulted with to help understand how the service was performing and be involved with its development. There were regular forums and surveys gave people the opportunity to feedback about what the service was doing well and how it could improve further. These views and experiences were listened to and acted on.

For example, people had been invited to create their own internal quality checklist based on themes that had emerged when reviewing their feedback. A representative service user group from across the organisation now used this checklist to visit services to carry out audits and suggest actions to improve the quality of care.

Staff and management worked with external agencies such as the local authority care management and safeguarding team to promote consistency in the expectations and quality people's support.

A health and social care professional told us the registered manager understood this 'joined-up' approach helped people achieve good outcomes and had worked well with them, saying; "The registered manager was transparent and supportive of my work and was honest and flexible…we worked together in managing a difficult situation and I am sure that this united front is what most helped the person achieve what they needed."