

# Achieve Together Limited

# 3 The Droveaway

## Inspection report

3 The Droveaway  
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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

3 The Droveaway is a care home providing accommodation and personal care for up to 6 adults with physical and learning disabilities and/or a variety of associated health and support needs. At the time of inspection, the service was supporting 6 people. People lived in one large single storey house.

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

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.

**Right Support:** Relatives and health professionals told us staff supported people to take part in activities and pursue their interests in their local area. A health professional told us how, "Staff support residents well and are aware of their complex and varied needs".

The service gave people care and support in a safe, clean, well equipped, well-furnished and generally well-maintained environment. This met their sensory and physical needs, while making it feel homely.

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.

**Right Care:** People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs with genuine regard for the person. A relative said, "We are totally happy about the way [person] is looked after, the staff are very caring and the manager is extremely caring."

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. The registered manager told us of their plans to work with staff to further develop knowledge and awareness of supporting people to maximise goals and how to evidence progress towards them.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

**Right Culture:** Staff placed people's wishes, needs and rights at the heart of everything they did. The registered manager and staff understood the importance of family to the people and make communication a priority. A relative said, "I can just pop in, always made to feel welcome."

People and those important to them, were involved in planning their care. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. We saw that staff fully involved people in activities and tasks of their choosing. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service under the previous provider was good, published on 27 September 2017.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture. This was a planned inspection following registration with the current provider.

#### 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?

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 well-led.

Details are in our well-led findings below.

Good ●

# 3 The Droveaway

## 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

Two inspectors carried out the inspection

#### Service and service type

3 The Droveaway is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since registration with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke or communicated with two people who used the service and three relatives about their experience of the care provided. People who were unable to talk with us used different ways of communicating including photos, symbols, objects and their body language. We spoke with five members of staff including the registered manager, deputy manager and support workers.

We spent time observing the support and communication between people and staff in shared areas of the house. 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.

Two health professionals who visit the service regularly also provided feedback during this inspection.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. A health professional who has regular contact with the service told us, "Staff consistently demonstrate they are capable of meeting [peoples] needs. They are also good at identifying changing needs or concerns".
- Relatives consistently told us people were safe, one relative told us, "[Person] is 100% safe, I know because they do everything by the book".
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff we spoke with confirmed their safeguarding knowledge. One told us, "We all safeguard everyday". Staff were able to describe how they responded to concerns and this included reporting to their manager and keeping appropriate records. It was evident the provider operated an effective safeguarding system which ensured people were kept safe from avoidable harm.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Staff had completed detailed risk assessments with people. People received support from staff who understood risks identified in support and risk plans.
- One person had been noted as requiring staff support to eat safely. We observed them choosing where they wanted to eat their meal and receiving their support sensitively, with choices being acknowledged in accordance with the assessment. This ensured the person received support to minimise risks in a manner which ensured choice and control was maintained.
- Staff assessed people's individual needs and did their best to meet them. Relatives and health professionals provided positive feedback about how staff had met people's needs. A relative told us, "They are amazing, so many health issues, they have known [person] 11 years and know when something is not right, they are on it straight away, saved [their] life by quick action".
- People had a range of risk assessments covering areas such as epilepsy, nutrition, choking and other health needs. These were reviewed and actions taken to involve health professionals where needed.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff managed the safety of the living environment and equipment well. Staff carried out checks and took action to minimise risk. One staff member told us, "We need to be sure everything is working safely". Staff had completed Personal Emergency Evacuation Plans (PEEPs) for people which included consideration of specific risks. The registered manager shared information about how risks were reviewed and monitored

which included regular involvement from senior managers. This provided assurance that risks to people were being assessed and managed effectively.

#### Staffing and recruitment

- The service had enough staff. The registered manager worked with other professionals to carry out reviews of people's support needs to include one-to-one support for people to take part in activities and visits how and when they wanted. Staff were deployed in accordance with people's support needs and the records we reviewed confirmed this.
- The registered manager told us how the existing staff team covered short term staff shortages and existing contingency measures included the registered manager providing direct support when needed.
- People were supported by staff who had been recruited and inducted safely. Staff knew how to take into account people's individual needs, wishes and goals.
- Our observations of staff provided assurance of their knowledge and skills supporting people with their communication needs and using agreed techniques. For example, one person was observed being supported by staff in a quieter area of the service where subtle lighting was in use. A relative confirmed this was an agreed approach for this person.
- There were safe systems and processes for the recruitment of staff employed. The service followed safe recruitment processes to ensure people were suitable for their roles, this included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.

#### Using medicines safely

- People could take their medicines in private when appropriate and safe.
- Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. A health professional told us, "[Some people] have complex seizures and staff are aware and able to monitor triggers and spot any build up to likely seizures. They are also able to deal with complex seizures when they occur [and ensure people receive] rescue medication when needed." Records relating to medicines confirmed the actions staff took to manage medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff 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. Staff had ensured people's medicine were regularly reviewed with health practitioners.
- People were supported by staff who were trained and followed systems and processes to administer, record and store medicines safely. The registered manager ensured staff completed regular medication competency assessments which checked their knowledge and skills and provided opportunities for learning. We observed staff supporting people with medicines. Staff gently explained the medicine and provided sensitive support which respected people's privacy and choices.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep premises clean and hygienic.
- The service demonstrated a commitment to supporting people to receive the COVID-19 vaccine.
- The service made sure that infection outbreaks could be effectively prevented or managed and linked with health professionals for concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.
- The service supported visits for people living in the home and relatives told us they had been made

welcome to visit at any time.

#### Learning lessons when things go wrong

- The provider ensured any lessons learnt from incidents in other locations were shared with the service. The registered manager told us managers had regular discussions about concerns or risks and how learning was shared. For example, the registered manager was aware of lessons the provider had shared including ensuring people with a known health risk were referred to specialist health professionals to check risks were effectively mitigated. This meant staff had opportunities to learn from incidents in other services and reduce the potential for similar incidents to occur.
- The registered manager demonstrated how they promoted an open learning culture where safety concerns were reviewed and any lessons learned shared appropriately with the staff team. For example, they took immediate action to review risks associated with storage of a medicine and ensured this was communicated to the team.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had support plans which set out their current needs and promoted strategies to enhance health and wellbeing. It was evident in feedback from relatives, the service ensured the person and relatives were involved appropriately. One said, "Every little thing is discussed, and they let us know what's happening."
- Support plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. Staff knew people well and records included details of how to support people to make choices. For example, to be aware to not offer too many choices at one time. This ensured people received effective support to make day to day decisions.
- Staff understood and recognised people's sensory needs. We observed staff empowering people to manage their sensory needs. For example, for one person this meant moving to an area where they could benefit from listening to music. We observed this person reacting very positively to this choice of music including at times moving in time with the music. Staff appeared engaged and enthusiastic and recognised this type of music was one the person enjoyed. One staff member told us, "If happy they dance. Its lovely to watch".
- People, those important to them and staff reviewed plans regularly together. Staff completed monthly "key working reports" with people who they were working with, which demonstrated evidence of planning and consideration of the longer-term aspirations of each person. This meant people received consistent support from staff to work towards future goals, aspirations and follow up on health appointments.
- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed and were supported to access healthcare services. One health professional told us, "The staff communicate well - both with our service and other agencies. They have regular contact with a GP." Records confirmed staff ensured people were supported to access healthcare appointments when required.
- The registered manager took timely action when a change to a person's eating and positioning needs had been identified. They ensured this was reviewed, guidance shared with staff and discussed with a health professional, this ensured interim arrangements they had put in place were effective. Staff confirmed this was subsequently followed up by a visit from a health professional.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning

disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, and restrictive interventions.

- Relatives and health professionals were consistently positive about staff skills and training. A health professional told us, "The staff are knowledgeable, helpful, caring and kind. I have absolute confidence in them."
- Staff received support in the form of induction, continual managerial supervision and appraisal. Staff spoke about how they were supported in their role which included regular meetings with the registered manager. People received support from staff who had regular updated training and support from their peers and managers. The registered manager told us staff also receive clinical support from a health professional employed by the provider.
- The service carried out individual staff competency assessments to ensure they understood and applied training and best practice. For example, medicines, moving and handling and fire practices. The registered manager told us how observations of staff practice was used as part of their continual training and development. They spoke of how they were currently focussing on how staff communicated to people. This provided assurance the service was supporting staff to develop their skills and maintain best practice.

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

- People were supported to eat and drink enough to maintain a balanced diet. Some people had individual dietary requirements. We observed staff consistently offering people food in accordance with their individual needs. A staff member told us how they supported a person with making food choices, "We use things to show people so they can decide for themselves".
- Staff supported people to be involved with food preparation in their preferred way. We observed one person being included the meal preparation. One person told us, they enjoyed the pudding.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. Eating and drinking guidelines were in place for some people, written by a speech and language therapist. Staff were able to explain the support they provided, including for those people who received nutrition via PEG (Percutaneous Endoscopic Gastrostomy).

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and generally well-maintained environment which met people's sensory and physical needs. In addition to people's individual bedrooms, people could also access a variety of shared living spaces which included a lounge and dining room.
- The registered manager confirmed there were a number of areas in need of redecoration some of which had been addressed by the provider whilst other areas were still in the process of being agreed. We observed this during our inspection.
- Where it was assessed as required, people's bedrooms were equipped with an overhead tracking hoist.
- People personalised their bedrooms. Every room reflected people's tastes and interests.

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.

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was well documented. Records confirmed capacity assessments had been completed and people and those important to them were involved in best interest meetings. One relative spoke positively about how the registered manager had supported their loved one, "[The registered manager] really helped in a big hospital meeting and it got [the person] the [equipment they needed]."
- Staff encouraged and supported people to make day to day decisions. The registered manager liaised with the appropriate professionals to ensure DoLS applications were made where it was deemed that people's liberty was deprived or restricted in some way in order to keep them safe. People subject to a DoLS were supported by the least restrictive measures which were agreed to be in their best interests. The registered manager had a system in place to ensure that DoLS applications were followed up in a timely way.

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

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

- People received kind and compassionate care. We saw staff engaged in conversations with people in a relaxed and natural manner. Staff consistently demonstrated warmth and respect and described how they had developed connections with people. Relatives spoke positively about how caring the staff were, examples included, "Staff are fantastic people, reliable and caring." and "Staff are amazing...they know [person well]."
- People were valued by staff who showed genuine interest in their well-being and quality of life. We observed staff supporting people, they used clear spoken language, showed objects to provide reference to choices being considered. People appeared to understand, were smiling and comfortable with staff.

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

- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff took the time to understand people's individual communication styles and ensured people had access to tools they needed to be involved in decision making. We observed staff supporting people to make decisions throughout the day. One staff member described how they supported a person to make a choice, "[Person] will pick from 2 items very well. Ask if they want a DVD or the TV, give them both remote controls and they will give you back the one they want."
- People and those important to them took part in planning and making decisions about their support. Relatives and health professionals confirmed this.
- People were relaxed in the presence of staff and the management team. Staff were skilful in communicating with people and understanding their wishes. Peoples care plans included detailed assessments of their verbal and nonverbal communication.

Respecting and promoting people's privacy, dignity and independence

- People were cared for in a way that upheld their dignity and maintained their privacy. We saw staff providing support to people directly when needed and discreetly observing people to ensure they remained available to people if they were needed. Staff demonstrated respect and sensitivity when offering support with personal care. Peoples care records showed that staff promoted dignity and privacy.
- We saw that staff knocked on people's doors and waited for a response before entering. Where a person was unable to verbally respond, staff knocked on the door, and stated their name loud and clear before entering so the person was aware of who was at the door.
- Confidential information relating to people was handled appropriately by staff and this included the use of any electronic information. There was a policy and procedure on confidentiality and confidential records

held in the office were locked in cabinets. The staff induction programme included handling information. Staff had a good understanding of how they maintained confidentiality.

- There were no restrictions about when people could have their relatives or friends visit.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. For example, there was a keyworker system in place and regular meetings between the person and keyworker were recorded. Records confirmed the plans people were working on. The registered manager told us about how they planned to develop this further using the Hanging Out Program (HOP) defined as, "A simple approach for making sure people don't miss out. It is both an approach and an attitude for being with people. Opportunity for reflection is built into HOP, alongside a way of documenting what has been learnt." ([www.bild.org.uk](http://www.bild.org.uk)). The registered manager described this as an opportunity for people to benefit from structured time with staff developing and working on plans.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs. For example, one staff member told us how they supported a person with a sight impairment to smell food items to support them to make choices.
- Support plans focused on improving people's physical and mental health well-being, reducing isolation and maximising people's choices. These were reviewed annually to ensure they were current and reflective of the person's wishes.
- The service met the needs people using the service and had considered future needs and preferences. The service was not currently providing people with end of life care, however, the registered manager had discussed potential decisions and choices with relatives should this be required.

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.

- Staff offered choices tailored to individual people using a communication method appropriate to that person. We observed staff using different approaches with different people, all were relevant and reflected in support plans. For example, staff used pictures of meal choices to help the person to choose what they wanted to eat.
- There were visual structures, including objects, photographs and use of gestures which helped people know what was likely to happen during the day and who would be supporting them. For example, plans identified a person's gestures and what they meant. We saw staff's understanding of these in practice.
- 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. Following our inspection, the registered manager spoke of their plans to engage with local communication initiatives which included, the "Brighton Inclusive Communication Charter."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to maintain contact and spend time with their families. Relatives were consistently positive about how the staff had involved them. One told us, "We are involved in planning, health and decisions, everything really. I am confident and happy. They have gatherings, birthdays, Christmas and other times, they celebrate staff birthdays as well, so people can get involved."
- Managers and staff consistently spoke of the importance of maintaining family relationships, a number of people had lived together for some time. One relative told us, "[Loved one] has been here years, they all know each other, and we know the other families". Staff used a variety of methods to help maintain relationships. For example, staff shared photographs of the activities people were involved in with family members. This ensured they were able to provide regular updates and gave topics of conversation between relatives and their loved ones.
- The registered manager and staff spoke of their plans to improve the level of outdoor activity as they had identified since the pandemic people were taking part mainly in indoor activities. One staff member told us, "We are trying to improve outside activity, 3 guys love football we are trying to book that. Sometimes we see tennis and football in the park."

Improving care quality in response to complaints or concerns

- Relatives could raise concerns and complaints easily on behalf of the people and staff supported them to do so. One relative told us, "I know how to complain but I have never heard staff even raise their voice or talk to each other in own language. I am here most days". Another said, "[The registered manager] is a brilliant manager, if I have issues I can talk to her, she is easy to talk to. I can talk to any of the staff too."
- The registered manager operated an open and transparent approach to managing concerns and where need for improvement had been identified it was evident actions were being prioritised. For example, relatives had identified a need to improve the decoration of the outside of the service. During our inspection we saw this work was being progressed.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider kept up to date with national policy to inform improvements to the service. The registered manager had considered guidance including the principles of right support, right care, right culture and had reviewed the service in line with the Quality-of-Life tool. CQC use this tool when inspecting services who are supporting people with a learning disability and autistic people to assess how services are meeting people's needs and aspirations. The registered manager told us of their plans to further develop the staff skills with communicating and evidencing progress and outcomes for people.
- Managers worked directly with people and led by example. Throughout the inspection we observed the registered manager working with people in a skilful and relaxed manner. They had a good understanding of people's needs and were able to provide direct guidance and reassurance to staff. Staff and relative's spoke highly of the registered manager. One relative said, "[The registered manager] is a great manager, they keep me fully informed." Comments from staff included, "[Registered manager] is good person, I have been here years" and "I have a very approachable manager who knows us all well." It was evident from the experiences of relatives and staff, management put people's needs and wishes at the focus of everything they did.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff member told us, "We gets lots of support. We are all quite vocal and say what we think". Another staff member spoke of how they valued working at 3 The Droveway, "I travel an hour to work. I could work closer to home but I travel because I like it here so much".
- Staff were supported by support plans which were structured and focused on developing learning and improving outcomes for people. The management team promoted open communication within the staff team. Team morale was positive. Staff and the registered manager spoke of how team members supported each other and covered shifts between them if needed. This ensured people received consistent support from staff who knew them well.
- The provider shared learning from incidents and topics that had been raised at their other services, which demonstrated ambition to share good practice and a desire for people to achieve the best outcomes possible.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs and oversight of the services they managed. The registered manager had

been in post in 3 The Droveaway for many years. This was the first inspection under the current provider. The registered manager told us about the process the organisation had been through in terms of reviewing their systems and policies. They were able to demonstrate how they maintained oversight of the needs of people and staff using an online management system.

- Governance processes were robust and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. The provider monitored quality through online systems and also completed monitoring visits which focused on people's quality of life in addition to CQC's Key Lines of Enquiry (KLOEs). The registered manager and staff carried out a variety of audits which included health and safety, staff performance and reviews of people's records. Any actions resulting from these audits formed part of an action plan on which the registered manager reported monthly to their line manager. It was evident from records reviewed actions were being managed effectively.
- The registered manager was aware of their responsibilities to notify CQC of significant events for example safeguarding allegations and serious injuries. Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The registered manager ensured staff meetings included opportunities for staff to reflect and learn from practice. This provided assurance the quality of the service was being monitored effectively and information used to drive continuous improvement.
- The service operated an open and transparent approach and apologised to people, and those important to them, when things went wrong. Relatives consistently described the registered manager and staff as open and approachable. One relative spoke positively about how the registered manager was taking action following a concern they raised regarding trees in the garden.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. The service had added actions from this feedback to their service improvement plan. It was evident these were being worked through. The registered manager and staff recognised the communication challenges people who used the services faced and did their best to ensure people were involved and sought feedback through how people expressed their feelings.
- Throughout the day the registered manager and staff spoke about people with passion and genuine regard, the registered manager told us, "[The people] are all little miracles in their own way, [their] zest for life is amazing". Our observations throughout the inspection confirmed people were being supported by staff who had a genuine regard for the quality-of-life people were receiving.
- The service worked well in partnership with health and social care organisations, which helped to give people using the service a voice and improved their wellbeing. Health professionals were consistently positive about how the service worked with them. One visiting professional told us, "Excellent service. Fantastic leadership. Knowledgeable and caring staff. All go above and beyond for their service users." And, "I cannot commend this service highly enough. If I, or any of my family members required a service such as this, 3 The Droveaway is where I would want to be."