

Optalis Limited

Brill House Supported living service

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

Brill House Supporting living service is a supported living service providing personal care to 31 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Overall, people's care and support was provided safely through risk assessment of people's needs. Where we identified staff guidance was needed to monitor air-flow mattress specialist equipment (to help prevent pressure ulcers) , the management team took immediate action to address this. The fire evacuation procedure at one setting was not frequently tested through fire drills to ensure it was effective. The registered manager took action to address this and sought advice from the fire service.

We have made a recommendation about the ongoing management of fire safety.

People who were known to experience emotional distress which could put themselves and others at risk had proactive plans in place to reduce the need for restrictive practices. Staff received input from specialists, however the provider did not arrange staff training for positive behaviour support. This is important to make sure all staff had the skills and knowledge to support people effectively. Staff received mandatory and other specific training to meet people's needs.

We have made a recommendation about staff training for positive behaviour support.

Governance systems monitored the quality and safety of care provided, however, provider audits had not identified the areas we found in relation to safeguarding reporting, fire safety and risk assessments.

We have made a recommendation for the provider to ensure monitoring systems cover all areas of people's needs and support.

People and relatives told us they felt the service was safe, for instance one relative said, "Yes [it's safe] because [family member] gets exceptional care. I can't fault it. The way they are encouraged to speak, take part in activities, to help themselves. It's every aspect of their life staff help them participate in, and it's a big marvellous place. I have absolute faith as the staff have been with [family member] for years." The service had not always reported concerns to the safeguarding authority as required, although we found other appropriate action was taken to protect from abuse and poor care. The registered manager reported concerns retrospectively in response to our visit. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Medicines were managed safely and staff followed infection control and prevention guidance to reduce the risk of COVID-19 transmission.

People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood each person's individual needs. People were supported to be independent and had control over their own lives and had their communication needs met. Staff used Makaton sign language to a high level of skill which empowered people to express themselves and be involved in decisions about their care.

People's care, treatment and support plans, reflected their sensory, cognitive and functioning needs. People received support that met their needs and aspirations. Support focused on people's quality of life and followed best practice. Staff regularly evaluated the quality of support given, involving the person, their families and other professionals as appropriate.

People, relatives and professionals were positive about the standards of care provided by the service. We found the registered manager fostered an open culture and staff were committed to providing person-centred care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care and setting maximised people's choice, control and independence. People lived in a residential estate and had access to local amenities.

Right care:

- Staff understood their role in making sure that people were always put first. They provided care that was genuinely person centred.

Right culture:

- People lead confident, inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

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

Rating at last inspection

This service was registered with us on 2 May 2019 and this is the first inspection.

Why we inspected

This was a planned inspection for newly registered services.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brill House Supported living service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector and an Expert by Experience made telephone calls to people and relatives using the service to gain their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in six 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection

We gave a short period notice of the inspection as we needed to be sure the provider or registered manager

would be in the office to support the inspection. The service also needed to seek people's consent to a home visit from an inspector.

Inspection activity started on 30 September 2021 and ended on 28 October 2021. We visited the office location on 19 October 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and 15 relatives about their experience of the care provided. We spoke with 13 members of staff including care workers, the nominated individual, head of regulated services, registered manager, quality and compliance manager, deputy manager, two service managers, a senior support worker and the administrator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed staff interactions with people to help us understand the experience of people who could not talk with us. We sent email questionnaires to staff employed by the service and received three responses.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received email correspondence with feedback from a professional who was involved with the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Fire risk assessments were completed, however, emergency evacuation procedures required review to check they were accurate and workable in practice. For example, one person's evacuation procedure referred to a 'stay put' policy, which the registered manager said was incorrect.
- Fire drills at one setting were infrequent, which meant not all staff were involved and there was no test to check reduced staffing levels at night were enough to evacuate and supervise people safely. The management team took immediate action and implemented a schedule of fire drills, reviewed evacuation plans and invited the fire service to check their procedures.

We recommend the provider ensures fire safety procedures are effective and in line with current national guidance.

- We found multiple examples where risks were assessed and well managed. For instance, staff followed robust procedures to safely manage people's finances in accordance with their risk assessments. Risks associated with people's health such as epilepsy and mobility were detailed and regularly reviewed.
- The service had not considered how staff should monitor pressure relieving airflow mattresses and one person's bed rails had not been risk assessed, however we saw others were in place. The management team took immediate action to address this. We found no impact on people's safety from this during our inspection because people were supported by staff who knew them well. Staff were vigilant about people's skin integrity and there had not been any cases of pressure ulcers.
- Staff understood people's triggers of potential emotional distress and supported people proactively. Where restrictive practices were needed this was used as a last resort, such as sedation to access health care treatment, where this was critical to a person's wellbeing.
- Records showed staff completed health and safety checks to reduce the risk of legionella or scalding from water. Equipment such as hoists and profiling beds were regularly serviced to check they were fit for purpose.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff we spoke with could identify signs of abuse and recorded and reported concerns. However, we found the management team had not reported all incidents that met the criteria to the safeguarding local authority. Records showed other actions were taken to mitigate ongoing risk, such as liaising with people's funding authority and reviewing care plans and risk assessments. In response to our feedback the management team took action to report incidents retrospectively. The leadership team felt this was an administrative issue and told us they would take action to review their monitoring systems to ensure concerns were reported consistently.

- The registered manager and management team demonstrated understanding about safeguarding requirements and were familiar with local safeguarding authority policies and procedures. Records showed most incidents were escalated and reported appropriately.
- Records showed that learning from incidents was shared and discussed within staff team meetings to reduce the risk of reoccurrence.
- Overall people and relatives we spoke with were positive about their care and safety of the service, with comments such as, "Yes, I do think [family member] is safe...[staff] put an alarm on [family member's] bed so when they get up the night nurse [care worker] assists", "It's nice, safe" and "Yes, it is safe there. They've got lots of safety rules in place, [family member] has to be hoisted by two people and has a shower chair with a special belt. They're absolutely caring people".

Staffing and recruitment

- The service completed recruitment checks prior to staff being employed. Staff files were well organised with relevant information available. We queried why one staff member's most recent employer in relation to supporting children with a learning disability and autistic children, had not been approached for a reference. Two other references which included a voluntary position were on file. The service recruitment department gained the employment reference retrospectively and we were informed this requirement would be made clearer on the checklist.
- Agency staff profiles were obtained prior to staff being employed. Profiles included confirmation of recruitment checks, training and relevant experience. The provider did not currently verify agency recruitment systems but told us they planned to implement audits to do so.
- In general, we received feedback from relatives there were enough staff, but some felt there had been a lot of staff changes and new staff joining the service. For instance, relatives said, "There are too many changes, but I don't know if some staff had to retire, as they've been there from the beginning and were of retirement age", "There's a plan in place with familiar staff rotates, so there's always someone [the person] knows there", "I think it's sometimes fairly tight with the staff. But on the whole, they try to make sure there are enough staff. I haven't got a concern as I think it's under control" and "Yes they have full cover, and although it was the lockdown the care was exceptional".
- Staff feedback about staffing levels was mixed. Some felt there were enough staff others felt more staff were required due to people's multiple needs and told us weekends were more stretched with a higher level of irregular agency staff due to unplanned absences.
- Overall, we found there was a stable core team of long-standing staff and rotas reflected agreed staffing levels. Staffing levels varied throughout the day in order to meet people's individual needs and activities. During our inspection visit staff cover was found quickly for an unplanned absence.

Using medicines safely

- In general, safe medicines systems were in place and followed by staff. People's medicine records were up to date and staff consistently documented when medicines were given.
- We found there was no detailed guidance for a person's transdermal patch (patch that attaches to a person's skin and contains medicine). This is important so staff know where to place the patch on a person's body and the duration they should have this on for. We spoke to two staff who were knowledgeable about how administer the patch safely. The registered manager took immediate action to put guidance in place. Guidance was documented for other medicines such as paracetamol.
- Medicines were stored securely in people's bedrooms. A standard template stated medicines should be kept between 15 and 30 degrees Celsius. This did not follow the provider's policy and procedure to account for medicines that may need to be stored below 25 degrees. The registered manager sought advice and took action to rectify this immediately. Actual recorded temperatures were within a safe range.

Preventing and controlling infection

- People were protected from the risk of COVID-19. For example, we were assured staff consistently wore the correct levels of personal protective equipment (PPE) such as masks, gloves, aprons and face shields, where these were risk assessed as being required.
- The service ensured people and staff accessed COVID-19 testing in line with government guidance and kept a tracker to monitor this. Visiting was facilitated by the service and staff followed safe procedures to prevent visitors from catching and spreading infections. A relative told us, "I visit now and [family member] can come to me, but they were clear about what we could and couldn't do and everything was in an email about what was happening; the government's guidelines and their own guidelines. We zoomed and were on the phone to each other".
- We were assured the provider prevented and managed outbreaks of COVID-19 effectively. The service sought guidance from Public Health professionals and had procedures to isolate and cohort staff in the event of an outbreak.
- Staff supported people to maintain a clean and hygienic environment and with food safety. For example, staff followed a cleaning schedule and we saw that opened foods were clearly labelled to ensure consumption within expiry dates.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received inductions and mandatory training such as fire safety, infection control, moving and positioning, medicines administration and safeguarding. Specific training and competency assessments were completed where this was required to meet people's needs, such as dysphagia (swallowing problems) and percutaneous endoscopic gastrostomy (feeding tubes).
- Staff we spoke with were familiar with positive behaviour support approaches in avoiding restrictive interventions and received input from the community team where this was important to meet people's needs. However, the provider did not arrange mandatory training in positive behaviour training for staff. This type of training is important to ensure all staff had the skills and knowledge to support people whose emotional distress may pose a potential risk to themselves and others.

We recommend the service arranges positive behaviour support training with a reputable trainer.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service completed ongoing assessments to identify people's holistic needs and choices. Relevant referrals were made where the service identified people as needing emotional support. Staff liaised with community positive behaviour specialists to develop support plans.
- Records showed staff made GP and dietitian referrals where concerns were identified in relation to people's weight and nutritional intake. The service did not use a standard tool to assess whether people were at risk of malnutrition. The registered manager took immediate action to implement a national 'malnutrition universal screening tool' and we saw completed assessments during our inspection.

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

- People were supported by staff to have enough to eat and drink and to plan healthy menu choices. The service manager had identified recording and monitoring of a person's fluid intake needed to be more detailed and purchased specialist equipment to assist the measurement of fluids. They were in the process of updating staff guidance to improve records. Other information showed the same person's health had improved over recent months by staff following a person's dietitian plan and fortified supplements were no longer needed.
- We saw people received modified diets which followed dietitian and speech and language therapy guidance in relation to their swallowing needs. Staff we spoke with were knowledgeable about this, however, we found two occasions in one person's care records that did not reflect a modified diet. The service manager took action to investigate and staff explained they had not accurately documented where they had mashed and moistened the person's meal. After our visit the registered manager sent us a copy of

updated staff guidance about how to accurately record food and fluid to demonstrate safe practice.

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

- We received positive feedback from health and social care professionals that staff were strong advocates for people's health. A healthcare professional told us the service shared comprehensive 'hospital passports' that assisted hospital staff to identify and meet people's needs. They also told us the staff team contributed fully to discharge planning meetings, sought clarity about people's needs looked at ways to mitigate risk and prevent where possible, further admissions.
- Records showed staff made timely healthcare referrals and supported people to access healthcare services such as annual health checks, neurology, occupational therapy, opticians and health screening. One person we spoke with said, "They do call the doctor. My throat hurt a month ago. They called the doctor. I've got sticks as I can't walk. The optician comes here. I've got glasses".
- The service completed oral hygiene assessments which were reflected in people's care plans. Records showed people were supported to access the dentist.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff we spoke with understood the principles of MCA. For example, a staff member told us they would seek people's permission before providing support. They said best interest decisions were made where people were assessed as lacking mental capacity and involved the views of the person, their relatives and relevant professionals.
- Records showed where people lacked mental capacity to consent, relatives were involved in best interest decisions, for example to have the COVID-19 vaccine.
- The service had liaised with people's social workers to make applications to the Court of Protection to authorise people to be deprived of their liberty. The registered manager kept a tracker to monitor applications received and in process.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were positive about staff being kind and caring with comments such as, "They are lovely, and they do my birthday too...the staff are wonderful", "[Staff] are amazing. Whenever we go, they offer us a drink, make us welcome, invite us to parties and [the person] looks happy as they are close to some staff because [the person] is in their element", "They're nice. Polite" and "Yes, they are 100 percent caring. [Staff member] is on [the person's] wavelength and they understand each other completely, above the normal care it takes to make them happy, and other staff are very good too".
- We observed staff were compassionate and showed genuine care towards people. For example, when one person wanted to relax on the sofa for a nap after returning home, staff supported them to be comfortable and got them a blanket. Staff were mindful of another person who was not able to express whether they were too cold or hot; staff regularly checked for signs and supported the person to adjust their clothing and covering.
- During our inspection people were smiling and laughing in the company of staff and other people using the service. Staff consistently engaged in conversation, chit chat and activities with people and showed they valued people's opinions and input. We noticed that people appeared less relaxed in the presence of an agency staff member briefly, while a permanent staff member answered the door. Staff explained it was important to people's wellbeing that familiar staff supported them and so new staff always worked alongside existing staff.
- Staff received equality and diversity training. One staff member told us how this related to their role in supporting people; "People here have same rights like anybody else, for example the right to refuse. We listen and respect their rights and choices".

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

- Staff encouraged people to express their views. For example, several staff and the registered manager were extremely proficient and consistent in using Makaton sign language with two people. This meant people were well supported to express their needs and wishes and empowered them to be involved in decisions about their care.
- Relatives told us they were involved in decisions about their family member's care, for example; "Yes, they do reviews annually, and any updates in between like changing [family member's] posture they talk to me about on the phone. They say if something's not agreeing with [family member]".
- The service understood when people needed support to make decisions about their care and referred to advocacy support, which was in place for several people.
- People's care plans used "I" statements about their needs and wishes, however the registered manager said this information was also gained from people's relatives and other people who knew the person well, so

may not always be a true reflection of the person's own views. The registered manager told us they would take action to clarify this in people's care records and sent us an example of an updated care plan after our site visit.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to protect people's privacy and dignity. We consistently observed staff asking people if they could enter their bedrooms. Doors were closed when staff were supporting people with personal care and staff were discrete when they enquired if people needed support.
- Staff made sure people's care records were stored securely in their bedrooms. Where risk assessed, people had their own keys and locked their bedroom doors.
- We observed staff sensitively encouraged people to maintain and develop their skills to promote independence and empowerment. For example, people were involved in preparing and cooking meals according to their abilities. One person was involved in supporting staff to carry out some health and safety checks, as they enjoyed being part of this. We saw another person was involved in preparations for a drive out to a country walk.
- Care plans included people's abilities as well as what support they needed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff provided a personalised service which responded to people's individual needs. Care plans included people's goals and aspirations which were regularly reviewed with the person and others involved in their care.
- Care plans identified people's diverse needs and what was important to them such as likes, dislikes and daily routines. A staff member explained how important routines were to two of the people using the service at the setting we visited. We observed the staff member consistently explained and reassured both people about plans for the day, which benefitted their emotional wellbeing.

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.

- The registered manager understood their responsibilities to ensure people received information in a way they understood. Information was adapted to people's preferred methods of communication, such as easy read and pictures. For example, a person showed their care plans were written using key words, pictures and drawings which they found easier to understand.
- Each person had a communication profile which documented their preferred methods of communication and support required to help them understand and express information.
- Some staff told us they felt they would benefit from more in-depth Makaton sign language training. The registered manager had arranged a three day course for staff who supported people who used this form of communication.

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

- The service was aware about the risks of social isolation and worked creatively to prevent this. During COVID-19 restrictions day centre staff supported people to engage in activities in their own homes. As restrictions had relaxed, staff supported people to return to leisure activities such as swimming and rebound therapy.
- One person was supported to attend church regularly as this was an important part of their religious practice. Staff also supported the person to maintain contact with a friend via video calls and visited them at home.
- People we spoke with told us the service supported them to stay in touch with relatives and friends

through technology such as tablet video calls, face to face visits and trips out.

Improving care quality in response to complaints or concerns

- The service had an appropriate complaints procedure which was adapted to easy read format for people using the service. People told us they would tell a trusted member of staff such as a key worker if they had any concerns.
- Relatives told us they knew how to raise concerns and felt any issues raised were acted upon. The service complaint log showed that one recent complaint had been dealt with appropriately and a resolution found.
- The service kept a compliments log which showed several notes of thanks to staff for the delivery of high-quality care, from four different relatives between 2020 and 2021.

End of life care and support

- There were no people receiving end of life care and support at the time of our inspection.
- End of life wishes had been discussed with people and their relatives and documented as part of the care planning process and care plans, where applicable.
- The registered manager described how they had previously supported a person at end of life to receive dignified person-centred support at home, in accordance with their wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. 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;

- There was a schedule of provider audits to monitor the quality and safety of the service. We found these audits were effective in identifying some areas to drive improvement. However, they had not identified areas found during our inspection which required attention, such as fire safety, risk management and consistent reporting of safeguarding concerns.
- We also found monthly management audits to check IPC implementation were not completed consistently at one setting, which was not identified by the provider's checks. The head of regulated service told us they would take action to review monitoring systems with the quality and compliance team.
- Although these issues were not identified by the provider, the impact upon people's experience and safety was minimal and therefore did not affect the quality of care people received.

We recommend the provider seeks advice from a reputable source to make sure monitoring systems cover all areas of people's needs and safety requirements.

- During our inspection the registered manager was responsive and immediately implemented systems to ensure the areas we found were addressed and monitored. They submitted retrospective reports to CQC as required, for incidents they reported to the local safeguarding authority in response to our inspection.

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

- People and relatives we spoke with were positive about the culture of the service; "It's a very welcoming atmosphere, and when we come, different staff always come to say a quick hello", "[Senior staff] helps me", "The atmosphere is happy and joyful" and "They are top of the range. For example, [the person] is in a wheelchair but gets out, and it's very, very good care".
- In general staff were positive about the leadership of the service but felt staff changes sometimes impacted morale; "Staffing levels have been up and down due to sickness and COVID-19 issues and so we use agency staff. Permanent staff have been tired but coping", "Staff morale varies depending on the situation and level of competent staff cover. I do feel supported in my role and there are opportunities to gain qualifications and progress if you wish to" and "We have best staff in world, working as a team and help each other. Come to work happy which is very important. No problems with teamwork". A new service manager had been appointed at one setting to provide leadership and support to staff working on shift.

- During our inspection we found the registered manager and staff we spoke with to be open and committed to providing person-centred care. The provider demonstrated a good understanding of the need to be open and transparent when something goes wrong, in relation to their duty of candour responsibilities. No incidents had met the criteria for reporting duty of candour incidents to the Care Quality Commission (CQC).

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- During our inspection we saw that staff removed barriers and engaged and involved people according to their abilities in the everyday running of the service. A service manager told us as COVID-19 restrictions were easing they were looking at ways to involve people in the recruitment of new staff to support a good fit.
- The service sent regular surveys to people's relatives. The most recent survey in June 2021 showed positive comments. Where areas for improvement about housing refurbishments were suggested this was raised with the landlord and plans put in place.

Continuous learning and improving care

- There was a service improvement plan which documented progress against areas for improvement. For example, where service checks found some care plans would benefit from more detail to reflect people's needs and wishes, this was completed in a timely way.

Working in partnership with others

- There was evidence of positive partnership working with health and social care professionals to achieve good outcomes for people.
- We received consistent feedback that the service worked closely with community health care professionals to ensure people accessed the treatment they needed. A social care professional told us, "If there are any queries by family or myself about the care or the individual, the staff respond speedily. Any identified changes required are implemented at the soonest possible time".