

Precious Homes Support Limited

Fenny Mews & Stratford

View

Inspection report

100-108 Watling Street
Bletchley
Milton Keynes
Buckinghamshire
MK1 1BW

Tel: 01908046140

Website: www.precious-homes.co.uk

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Fenny Mews and Stratford View is registered to provide personal care to people living in their own accommodation within the two supported living houses, namely 'Fenny Mews' and 'Stratford View'. The two houses provide a communal space for people to spend time with each other. The service in addition supports people living in other supported living accommodation, not on site, as part of their 'outreach' support service. The service supports adults with a learning disability, or mental health need and who in some instances have autism. There were ten people being supported at the time of the inspection.

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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The registered manager and staff consistently applied the principles and values of Registering the Right Support and other best practice guidance. This ensured that people using the service led a full a life as possible and achieved the best possible outcomes, that include, control, choice and independence. This was achieved as all staff worked closely with social and health care professionals to support people in moving into and between independent living services as part of their aspirations and goals towards greater independence. This was facilitated by a dedicated team of staff, with key skills in a range of areas, which enabled them to provide people with the appropriate support and care.

People's individuality was recognised, celebrated and encouraged by staff, who had developed trusting relationships with people, based on mutual respect and understandings. Staff supported and encouraged people to take an active part within the local community and access a range of activities and services.

Staff worked in partnership with people to develop and review their support plans. Support plans reflected people's aspirations and goals. They provided clear guidance for staff as to their role in supporting people to live an independent life as possible, and to be active. People's individual communication needs were understood, and staff were able to communicate effectively with people. People were encouraged and supported to develop and maintain relationships.

Fenny Mews and Stratford View was led by a dedicated management team and staff who were passionate

about the people they supported. The culture and ethos within the service was that of transparency, inclusivity and empowerment. The governance of the service was robust, and quality outcomes were kept under continual review by the registered manager and a dedicated team of staff in order to drive improvement. The service and individual members of staff had been nominated and had received internal and external awards in recognition of the quality of the support and they provided.

People were consulted and fully involved in decisions about potential risks to their health and welfare, and staff supported people to make informed decisions about risk. A positive approach to risk taking enabled people to develop their independent living skills safely, which included being responsible for their own medicine. People were involved in the robust recruitment process of staff.

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

Rating at last inspection

The last rating for this service was good (published 1 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Fenny Mews & Stratford

View

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a number of 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 the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

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 We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, support staff, the manager for quality monitoring and the manager of the multi-disciplinary team.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, which included staff meetings and quality monitoring records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager provided information to support the governance and quality monitoring of the service.

We sought feedback from commissioners and health care professionals who work with the service to support people. Family members provided information about the service by telephone and e-mail.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had developed positive and trusting relationships with people, which was reflected in the open and inclusive culture. This enabled people to have confidence, trust and knowledge that any safeguarding concerns would be acted upon.
- People's safety was monitored and promoted. Staff had been trained in safeguarding procedures, and they knew what action to take to protect people from harm and abuse. Staff training was supported by the understanding and implementation of the provider's policies and procedures, and the following of local safeguarding protocols.
- People were supported by staff who were committed to protecting people from discrimination, which may cause them harm, in relation to the Equality Act. Staff supported people to challenge discrimination. This ensured people's rights and decisions were respected.
- People when they commenced using the service were provided with information, which included an explanation of safeguarding, and contact details should they have safeguarding concerns. Information about safeguarding was displayed in the communal area.

Assessing risk, safety monitoring and management

- Staff supported people in positive risk-taking meant opportunities to maximise people's potential and promote their independence and rights was fully supported. For example, one person told us how over time, their independence had increased when using public transport independently.
- People were involved in safety management. For example, one person tested the services fire alarm weekly. On the day of the inspection, they came into the office to remind us that they would be testing the alarm.
- Staff worked with people to implement positive behaviour support and good practice guidance. This had had a positive impact on people's quality of life, promoting independence and choice, and had reduced potential risks to people and others. For example, the number of staff required to support people on a one to one basis had reduced.
- Health care professionals confirmed the use of medicine to support people's behaviour when it became challenging had reduced as a result of staff implementing positive behaviour support and positive risk taking to promote independence.

Staffing and recruitment

- People were involved in the robust recruitment practices for prospective staff, consistent with the provider's policy and procedure. A person told us of their involvement with group activities, which prospective staff undertook as part of their recruitment assessment and the interviewing of potential staff

- Robust staff recruitment practices and ongoing training supported people's safety. Potential staff were screened for their suitability to work with people, and the training staff undertook meant they were aware of their role and responsibilities in promoting safety.
- There were sufficient numbers of staff to meet people's needs and keep them safe. Staff were available to provide additional funded hours, allocated to people on an individual basis, enabled them to access the community and take part in activities.

Using medicines safely

- People were supported with their medicines in a safe and timely way. People's support plans detailed the prescribed medicine and the reason for its prescription, which included clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious or to control pain.
- The registered manager was aware of STOMP (STopping the Over-Medication of People with a learning disability, Autism or both). STOMP is an initiative that has been set up by NHS England. People's medicine was regularly reviewed by a health care professional. The adoption of STOMP had had a positive impact on people's well-being.
- An independent pharmacist had undertaken a comprehensive audit of medicines. And had liaised with health care professionals to review people's medicines.
- People were encouraged and supported to manage their own medicines. This was part of the services commitment to promoting independence. One person told us, that they administered their own medicine, "I take it myself now, I don't need staff [to support or prompt medicines]. Staff order it for me."

Learning lessons when things go wrong

- The registered manager completed an analysis of all incidents and determined any emerging patterns. Specific incidents were discussed with all parties involved, which included the person and staff. Lessons learnt and feedback from debriefs following an incident were used to review and update individual risk assessments and support plans.
- The provider's quality auditing system, meant there was stringent managerial oversight of all incidents, overseen and reported through a managerial structure, and referenced in reports submitted to the board of trustees, which provided information enabling them to follow up any issues raised within the report.

Preventing and controlling infection

- People's safety was promoted through the prevention and control of infection. The provider ensured personal protective equipment (PPE), such as disposable aprons and gloves, were available and used by staff and people when preparing food.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People's assessments ensured protected characteristics as defined by the Equality Act were fully considered. Assessments considered people's individual needs, which included their age, culture, beliefs, sexual orientation and disability. This meant people's needs were met and used to develop person centred support plans.
- Assessments were reflective of registering the right support, which identifies people's involvement in decisions about where their needs can be met. People we spoke with told us how they had moved between services as their independence had grown and their needs had changed, as the level of support they required had reduced.
- A family member told us how staff met their relative on several occasions, before they moved home. They told us staff brought photographs of other people who lived at the service and of the building to assist their family member with the move, which they found difficult.
- A truly holistic approach to assessing, planning and delivering care enhanced people's well-being, and this approach involved the internal Multi-Disciplinary Team (MDT) Staff within the MDT who reflected wide range of areas of expertise, worked with people, and supported staff consistent with good practice guidance. For example, the implementation of PBS (Positive Behaviour Support). This helped people to reduce the frequency of behaviour that was challenging, by encouraging people to focus their energies into setting individual goals and celebrating success.
- Staff worked with external health and social care professionals and people's family members to ensure people's voices were heard, and that discrimination was challenged, and people's rights upheld.

Staff support: induction, training, skills and experience

- People were involved in the robust recruitment practices for prospective staff. A person using the service told us of facilitating group activities, which prospective staff undertook as part of their recruitment assessment. They spoke of their involvement in recruiting a member of staff who could speak a specific language, so they could support a person who used the service, by speaking in the same language.
- People's needs were met by staff with the right knowledge, skills, experience and approach. Staff completed a comprehensive induction, this included studying and attaining the Care Certificate, which covers identified standards which health and social care workers are expected to adhere to.
- Staff undertook training in key areas. For example, autism awareness. A member of staff told us how this helped them to better understand how people with autism interpreted accessing busy environments, for example a shopping centre, which enabled them to support people more effectively.
- Staff received guidance and support to enable them to speak openly with people about any personal

issues. For example, exploring their sexuality. This meant people could be confident in discussing topics with staff, knowing staff were able to have an informed and open discussion, to maximise people's lifestyle choices.

- The proactive approach to the supervision, appraisal and training of staff, enabled them to continually develop and learn new skills. Staff were supported to undertake vocational qualifications in care, and had targeted training to promote good quality outcomes for people. For example, training in positive behaviour support and MAPA (Management of Actual or Potential Aggression) training, which is an accredited course recognised by the British Institute of Learning Disability (BILD). This enabled staff to provide effective support when people display behaviour that is challenging.
- Staff meetings and supervision were used as a forum to reflect and discuss good practice guidance, legislation, policies and procedures to underpin staff training. This enabled staff to support people effectively and well. Staff told us training was provided in a range of formats, which included e-learning and classroom based.

Staff working with other agencies to provide consistent, effective, timely care

- The provider had a clear system and process for referring people to external services, to support people's moving to and between Fenny Mews and Stratford View, or their moving from supported living.
- People's movement between services was linked to their individual needs, which recognised their individual circumstances and achievements in gaining greater independence, and the level of support they required. People spoke proudly to us about their increased independence, and how they had moved gradually from residential care, and then into supported living. Initially at Stratford View and progressing to Fenny Mews.

Supporting people to live healthier lives, access healthcare services and support

- People's quality of life was improved through ongoing healthcare support. This in part was provided by the provider's own (MDT). The MDT comprised of a range of health care disciplines, which included, speech and language, psychology, behaviour support, dietary and nutrition. For example, a multi-agency approach supported people to have a better understanding of the consequences of their actions and decisions.
- People were supported to access a range of external health care professionals, to support them with decisions about potential treatments, to improve their well-being. A person spoke to us about their future health plans, to discuss treatment options to improve their life.
- Health and social care professionals confirmed the positive impact on people's health and well-being. For example, reduction in people's behaviour that challenges, and their improving mental health.
- A family member shared their views about their relatives' health care support. Stating, '[Relative] is able to access a wide range of physical, mental and emotional support services.'
- People's and staff's confidence and knowledge to talk about personal issues, as defined by protected characteristics under the Equality Act was enhanced through one to one meetings and training with 'intensive support workers', who were part of the provider's MDT.

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.

- People were supported as outlined in Court of Protection orders, and these were kept under review.
- People's rights and choices were fully promoted and supported by staff. For example, staff worked with commissioners, to advocate on a person's behalf, so that their wishes were respected.
- People's capacity was assessed, consistent with the MCA. All assessments were kept under review, and involved the person, family members where appropriate, health and social care professionals and staff from the service.
- We observed how staff sought people's consent prior to any information being disclosed, this including the sharing of information with family members. Peoples' capacity to make an informed decision about the disclosing of information was assessed.
- Staff provide information in a way to support people to make informed decisions.

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

- People's dietary needs were assessed and kept under review. People's diets reflected their likes and dislikes, and cultural needs.
- Staff provided varying levels of support dependent upon people's individual needs, which included grocery shopping, menu planning, food preparation and cooking.
- People in some instances had their individual recipe book, which was developed around their likes and dislikes, and was used to encourage people to be involved in the preparation and cooking of meals.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People received outstanding care and support from staff who were dedicated to providing exceptional quality outcomes for people. Staff supported people to maximise their potential by having a collaborative and supportive approach. This enabled people to work towards the attainment of their individual goals and personal aspirations.
- People's achievements were celebrated by themselves and others by sharing with each other within a group setting, what their personal goals were and how they had achieved them. People's successes and achievements were recorded within a 'scrapbook' and were outlined in 'my journey', using photographs, clip art and words. For example, people achieving the brushing of their own teeth, or the baking of a cake, or taking part in a group within the community.
- People's protected characteristics under the Equality Act were central to how people and staff communicated, this included employing staff who spoke people's first or preferred language, which had a positive impact on people. For example, a member of staff accompanied a person to visit family members overseas. The staff members understanding of the language and culture complimented the person's visit, making it a success for all. The staff member told us how the person had flourished when meeting their family member, and spending time with the extended family, all of which had a positive impact on the person's well-being.
- A family member wrote to CQC about their relative and their keyworker's relationship. They wrote "[Keyworker] knows exactly when to support [relative] and when to encourage [their] independence. And shows 100% commitment to providing the best possible care and support for [relative]. [Relative] trusts them implicitly and knows that [keyworker] will help [them] to make important decisions."

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

- People were involved in meetings to discuss their views and to make day to day decisions about their care and support. We were given examples, that demonstrated this. The values of choice and respect were embedded into staff's everyday practice, which had a positive impact on people's wellbeing. For example, people's confidence to reflect upon their sexuality and how they wished to express themselves.
- Innovative ideas, along with staff who were exceptional at helping people to express their views were in place to support people in expressing their emotions and feelings. For example a person told us their 'flower' (metaphorical) was 'open' and 'pink' which meant they were in a positive frame of mind, and open to ideas and suggestions.
- People were supported to develop relationships with likeminded people, which for some included support from advocacy services. One person spoke to us about how, with the support of others, they were

hoping to develop meaningful relationships, which may for them mean developing an on-line group so they could meet others. They told us how they wanted to meet people with a similar lifestyle, but to be able to meet others in a safe environment.

- People were supported by services, who specialised in supporting people with a learning disability. For example, people were supported with decisions about personal relationships and managing conflict. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.
- People's individual needs were at the heart of the decision making within the service. This meant their care was truly tailored to them. This was confirmed by a family member who reflected on the specialist staff who were able to simply information, which meant their relative was able to take part in meetings to discuss their future.

Respecting and promoting people's privacy, dignity and independence

- Staff rotas were developed to ensure people's needs were met, and in some instances were involved in the development of their personalised staff rota. The flexible approach of staffing meant staff with the necessary skills were available to support people with specific activities.
- People had developed supportive and caring relationships with staff, which was central to people's well-being, and confidence to take on new challenges, for some people they chose their own staff to support them. A health care professional wrote. 'The young person we commission services for has developed some excellent relationships with their support staff. They will sit with the registered manager and deputy and discuss who they want to support them.'
- People's success was celebrated, and family members spoke favourably of the positive impact moving to Fenny Mews and Stratford View had had on their relative's confidence and skills. A family member told us how their relative when they first moved to the service was very reluctant to leave their room. Now, with the support of staff, they attend celebrations and enjoyed spending time tending their plants, which they grew in the garden, and sometimes were used in cooking by them.
- Commissioners whose views were sought reflected upon the achievements of individuals and they acknowledged the impact of the service had increased people's independent living skills. These included people's administration of their own medicine, shopping, and meal preparation and cooking.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People's support was extremely personalised and responsive, staff were highly committed to enabling people to maximise their potential, to gain experiences and achieve the best possible outcomes for themselves. This was achieved by staff working in partnership with people and external stakeholders.
- A person shared with us their achievements and continued goals for greater independence. They spoke about how they accessed public transport with increased independence, travelling further and travelling on more than one bus. This helped maximise their social networking.
- People's support plans fully reflected their individual needs, which included protected characteristics as defined by the Equality Act. Staff had excellent understanding of people's care, social and cultural needs. They supported and liaised with internal and external social and health care professionals to achieve the best possible outcome for people, to enable them to live a lifestyle of their choosing.
- Visiting professionals say that the service is focused on providing person-centred care and support, and achieves exceptional results. For example, "Since [person] moved to Fenny Mews I feel they have become empowered and their self-esteem is growing."
- A family member spoke of the positive effect the service had had on their relative. "Overall the impact is hugely positive, [person] benefits enormously from the services they are able to access, and has gained in independence and confidence, which is great to see."

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 active members of the local community and attended a range of social activities which included, swimming and eating out. We were given a number of examples that demonstrated people were fully supported to pursue their interests and activities that were socially and culturally important to them.
- People were supported to maintain and develop relationships with family and friends. This included staff supporting people to visit the family both within the United Kingdom and overseas. This considered people's diverse needs, for example staff accompanying people on holiday and visits to family with staff who were able to converse in their first or preferred language.
- People were actively involved in their local community. A person spoke about their on-line petition in relation to community road safety which they had set up and shared with us the number of people within the local community who had signed the petition and had left comments of support. They shared with us their concerns about road safety, and how it was important to them to have their voice heard. Staff were providing support and had also signed the petition.

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.

- People's individual communication needs were considered as part of the assessment process, and their support plans referenced the individual support required to meet these. For example, pictorial cards, supported by one or two words were used to provide information to people about activities. These were referred to as 'now and then' and provided time critical information to support people's anxiety.
- People's support plans, and their goals and aspirations were documented using photo's, pictures and symbols that were important to each person. For example, pictures of a TV character, which a person had an interest in, had been used, capturing the actor's facial expressions. These included, happy, sad, and laughing. These were used by the person to express how they were feeling.
- Key information was available in easy read, which included peoples records and key policies and procedures for example, safeguarding. Easy read format was also used to promote people's health, for example a healthy eating guide.

Improving care quality in response to complaints or concerns

- People's and family member concerns and complaints were documented and investigated consistent with the provider's policy and procedure. Any actions taken as a result of concerns and complaints were documented.
- Policies and procedures were in place, which had been shared, and provided information as to how concerns or complaints could be made and how they would be responded to. The information was also available in easy read format.
- The provider's quality auditing system meant there was stringent managerial oversight of all concerns and complaint. These were reported through a managerial structure and referenced in reports submitted to the board of trustees.
- The registered manager had an open-door policy, to support this they had introduced 'Funky Fridays'. This provided an opportunity for people and staff to speak with a member of the management team about any concerns or worries they had before the end of the working week. The idea being to reduce potential worries over the weekend period, to enhance people's quality of life.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People were at the heart of the service, with staff ensuring people received support which was empowering, promoted their rights and choices and celebrated individuality.
- Staff fully embraced and understood their role as enablers, providing a safe and supportive approach. This had enabled people to move between supported living services, with increasing independence and autonomy.
- People using the service, family members, staff, health and social care professionals all spoke very highly of the service, the registered manager and staff. Their comments reflected the commitment of all staff to provide high quality care through an inclusive approach, that encouraged people to identify and aspire to their individual goals and aspirations.
- People were actively involved in the recruitment process of staff.
- The provider's approach was one of commitment to the development of staff, through ongoing training and supervision. Staff were encouraged and supported to undertake training, and there were opportunities for staff for career progression. This created a positive work culture, which supported staff in the delivery of high quality, person centred care.

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 understood, and acted on, their duty of candour responsibility.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

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

- A robust system of scheduled quality auditing was in place, which used a quality assurance dashboard based on the CQC's five key questions. Staff within the service and the organisation had key areas of responsibility, covering all aspects of the service. Any areas for improvement were identified within an action plan, which was monitored through the hierarchical managerial system. This enabled the provider to continually develop the service and drive improvement.
- Meetings were held at all levels within the organisation to review the quality of the service. The registered manager held regular meetings with staff from the service, providing an update as to the outcome of any internal and external quality monitoring visits. This included a constructive discussion on areas for

improvement and shared the positive feedback as to what was working well. This inclusive approach supported and enabled staff to continually review and shape the service to deliver positive outcomes for people.

- The service and individual staff members had been recognised through external and internal awards for their achievements in delivering high quality care. For example, internally they had achieved the Team of the year award 2019. Externally the service was a finalist and the National Great British Care Awards 2019, and the deputy manager had been a finalist at the same event in the category of 'front-line manager' award.

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

- We found an open and inclusive environment for everyone to contribute to the day to day running of the service. Opportunities included an annual survey, for people and staff along with regular meetings. The information from surveys was collated and the outcome shared within the Fenny News & Stratford View newsletter.

- People's successes and achievements were shared in the Fenny News & Stratford View newsletter, and included photographs of the activities and holidays people had participated in. Staff achievements were also included. For example, the member of staff who had received the employee of the month award.

- People were an active part of their community. For example, they had held a fund-raising event for a local hospice. And a person had organised an on-line petition to highlight the need for a pedestrian crossing in the local area.

Continuous learning and improving care; Working in partnership with others

- The provider's Multi-Disciplinary Team (MDT), provided support and guidance for people and staff, and liaised with external health care providers. Staff within the MDT kept up to date with good practice guidance, as part of their continual professional development.

- The provider promoted continuous learning and development through regular staff meetings, and the regular supervision and appraisal of the registered manager and staff. Staff told us how they were supported to develop their skills, including managerial skills which included training in management and leadership.

- The registered manager each month identified a theme to speak with people and staff, to raise the topic profile and explore its meaning. The topic for February was relationships, linked to Valentine's Day. People and staff were encouraged to talk about the different forms or relationships, supported by handouts and professional links to further information.

- Team meetings and staff supervisions were used to reflect on incidents, and update staff with key organisational changes. They provided a forum for staff to share information about people to improve people's quality of care.

- The registered manager and staff worked collaboratively with health and social care professionals, and commissioners of services to achieve the best outcomes for people.