

Achieve Together Limited

23 Valley Road

Inspection report

23 Valley Road
Totton
Southampton
Hampshire
SO40 9FP

Tel: 02381788184

Website: www.achievetogether.co.uk

Date of inspection visit:
18 November 2021
24 November 2021

Date of publication:
22 February 2022

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

23 Valley Road is a residential care home providing personal care to four people at the time of the inspection. The provider is registered to accommodate up to five people and there are multiple shared spaces for people to access. They predominately support people living with learning disabilities and / or autism and mental health conditions.

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

People told us they felt safe and liked living at the home. People knew who they could talk to if they had any worries or concerns. There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people. People were involved in managing their own risks whenever possible. Staff anticipated and managed risk in a person-centred way, there was a culture of positive risk taking.

Risks to people were mostly recorded in their care plans. However, care plans and risk assessments had not always been updated to reflect changes in people's support. The provider had identified this and were prioritising updating records. Staff demonstrated their knowledge of people and how to support them to manage their individual risks. Fire systems, maintenance, and services were in place, with checks in relation to health and safety. However, we found that these checks were not always consistently completed. During the inspection the provider took action to address this.

We were assured that the provider effectively managed or prevented infection outbreaks. People told us they were able to contact their family members and friends when they wanted to. The provider facilitated visits for people living in the home in accordance with government guidance.

People and staff told us there were enough staff to meet people's needs. We observed safe staffing levels throughout the inspection and staff appeared unhurried and responsive to people. Safe recruitment processes were in place.

People received the correct medicines at the right time. Staff mostly followed systems and processes to safely administer, record and store medicines. People received care and support which met their needs. People had confidence in the ability of staff and felt they were well trained. People told us they were supported to access healthcare services when they needed it.

People were able to input into choosing their food and planning their meals. People told us they chose their food, planned meals and ate and drank when they wanted. People told us they had been involved in the decoration of the service. We found that there was some required maintenance that once completed would enhance the environment.

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. Staff were knowledgeable about how to protect people's human rights. During the inspection we observed staff respecting people's decisions.

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. The ethos, values, attitudes and behaviours of the management and staff provided support in the way each person preferred and enabled them to make meaningful choices. The needs and quality of life of people formed the basis of the culture at the service. Staff undertook their role in making sure that people were always put first. They provided care that was genuinely person-centred and directed by each person.

People were positive about the quality of care and support they received. People told us they were involved in making decisions about their care, were treated with respect and their privacy was respected. People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.

We observed staff were friendly and caring when supporting people. Staff spoke with genuine warmth, empathy and compassion when referring to the people they cared for. Staff understood people's different communication support needs.

The provider's vision and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. We observed that staff understood and cared for people in a manner that was in keeping with these principles.

People, and those important to them, worked with managers and staff to develop and improve the service. There were a number of systems and processes in place for monitoring the quality of care and used to plan improvements. Where issues were identified remedial action was taken. Staff felt respected, supported and valued.

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 requires improvement (published 24 May 2021).

Why we inspected

This was a planned inspection based on the previous rating. We undertook this inspection to provide assurance that the service is applying the principles of right support, right care and right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last inspection, by selecting the 'all reports' link for 23 Valley Road on our

website at www.cqc.org.uk.

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?

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.

23 Valley Road

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 included checking the provider was meeting COVID-19 vaccination requirements. 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 carried out by one inspector.

Service and service type

23 Valley Road 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.

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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection, we used this information to plan our inspection.

During the inspection

We met all the people living at 23 Valley Road, we spoke with three people and two people shared detailed feedback with us. We spoke with five staff members including the regional manager, deputy manager and three care staff. We reviewed a range of records. This included three people's care records and four people's medicines records. We looked at four staff files in relation to recruitment. We also looked at records that related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We reviewed feedback the provider had received from two relatives.

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 requires improvement. At this inspection the rating has changed to 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. People told us they felt safe and liked living at the home. People knew who they could talk to if they had any worries or concerns. One person told us, "I'm happy" and "I feel at ease here." Another person told us, "They keep us all safe."
- Staff understood their responsibilities to safeguard people from abuse and knew how to raise concerns, both within their organisation and beyond, should the need arise, to ensure people's rights were protected.
- There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people. Staff told us they were confident appropriate action would be taken if they had any concerns. Comments included, "Yes, [registered manager and regional manager] would take action straight away" and "Yes, absolutely."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were involved in managing their own risks whenever possible. Staff anticipated and managed risk in a person-centred way, there was a culture of positive risk taking. For example, one person had been supported to develop healthy relationships and maintain meaningful contact with their girlfriend. They told us, "I've spent a week in a hotel with my girlfriend, the first time was risk assessed and we worked it all out."
- Risks to people were mostly recorded in their care plans. However, care plans and risk assessments had not always been updated to reflect changes in people's support. We spoke to the provider about this during the inspection, they had identified this through their own quality assurance processes and were in the process of updating the documentation. The risk was mitigated as staff had good knowledge of the correct information for people. This was confirmed by people we spoke with.
- Staff demonstrated their knowledge of people and how to support them to manage their individual risks. For example, staff were consistently aware of one person's dietary needs and modified diet requirements. One staff member told us, "[Person's name] has a choking hazard ... a member of staff will be with him the whole time. I have never seen him left alone whenever eating or drinking. To support [person's name] we pour little bits into a cup at a time to support him to pace."
- The service kept people and staff safe. Staff recognised incidents and reported them appropriately. Managers maintained people's safety and investigated incidents. Lessons learned were shared with the whole team and the wider organisation.
- Fire systems, maintenance, and services in place, with checks in relation to health and safety. However, we found that these checks were not always consistently completed. For example, shower descaling, first aid boxes and fire extinguisher checks. We also observed 'grab bags' were not in place. This is a bag of essential items which can be picked up quickly if the home needs to be evacuated. We spoke to the provider about this who took prompt responsive action to address these concerns.
- Equipment was maintained to help ensure people were kept safe. One person told us, "They'll come up to

let me know if they are doing a fire test or need to check my fire door."

- Environmental risks were assessed, monitored and reviewed regularly.

Staffing and recruitment

- People and staff told us there were enough staff to meet people's needs. Comments included, "They do have people to make sure I am ok", "I never feel it is too much work for the amount of staff we have got, it has always been appropriate" and "I feel we get more than enough time to spend time with the people we support."
- Staffing levels were based on the needs of the people living at the service. Staff told us how staffing levels were adjusted to meet people's changing needs and how responsive the provider were in supporting additional staffing when required. For example, if someone was experiencing a crisis with their mental health. One staff member told us about one person who was going to be supported by an extra staff member for a swimming activity they were going to try.
- We observed safe staffing levels throughout the inspection and staff appeared unhurried and responsive to people. People confirmed to us they didn't feel rushed by staff. Staff told us when agency staff were required, the provider booked the agency staff who were familiar to people and knew how to support people in their preferred way.
- Safe recruitment processes were in place. Staff files contained all the information required to aid safe recruitment decisions. Such as, evidence that pre-employment checks had been carried out. This included employment histories, references, evidence of the applicant's identity and satisfactory Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received the correct medicines at the right time. Staff mostly followed systems and processes to safely administer, record and store medicines. We did observe some gaps in the medicine's administration records, however, the provider was able to evidence people had received their prescribed medicines as there was a second record staff signed when medicines were administered.
- People's medicines were reviewed by their GP to monitor the effects of medicines on their health and wellbeing. During the inspection we observed the provider working with the GP to clarify the directions for one person's 'as required' medicine to ensure staff had clear information in the administration of this medicines to ensure the person remained safe. In addition, the provider told us they would liaise with the GP to implement body charts to highlight where to apply topical medicines for all people as we found some people did not have this in place. This would ensure people were supported to have topical medicines applied as prescribed.
- Staff understood the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) to only administer medicine that benefitted people's recovery or as part of ongoing treatment.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain contact with their family members and friends throughout the pandemic. The provider facilitated visits for people living in the home in accordance with government guidance.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

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 this key question was not rated. The last inspection was a focussed inspection in safe and well-led only and was the first inspection for this registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs.
- People received care and support which met their needs. When people moved to the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- The provider had identified some people had not been supported to have a review of their support needs by their commissioning local authority for almost three years. The provider successfully advocated on behalf of people and ensured the reviews took place. At the time of the inspection all reviews had been completed. This meant people had been supported to have a holistic review of their support needs using a multi-disciplinary approach. This ensured the best outcomes for people.

Staff support: induction, training, skills and experience

- People had confidence in the ability of staff and felt they were well trained. One person told us, "Yes they do have training. I give them 100% credit; they do try their best." Another person told us, "Yes and they still do training from time to time to learn new stuff" and "I like to think staff know what they are doing, I'm pretty sure they do."
- The regional manager told us how they had prioritised the training of the staff team since the last inspection. They had identified issues with training compliance and had worked with external professionals and relatives to identify the training needs of the staff team to ensure the training was delivered. For example, insulin training and nutrition awareness.
- Staff were positive about the training they had received. They told us they felt confident and competent in supporting people with their individualised needs. One staff member told us, "I've received diabetes training and insulin training. Training is always ongoing as always something to learn. The training has been very comprehensive."
- Staff new to care were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff confirmed they had completed the Care Certificate.
- Staff new to the service, or to a new role within the service, were supported with a robust induction programme. One staff member told us, "The induction covered the role I was doing; I started on nights and had induction on nights. Then when came on to days had an induction to get to know the place during the day. I can't fault the induction, or the support given."

- Staff told us they felt supported and confirmed they had regular supervisions. When asked if they had supervisions, comments from staff included, "Yes. Normally every six weeks" and "Yes, my last one was October so due one soon." One staff member told us, "They ask you how you are, and you are able to raise things. If I have an issue, I can bring it up there. Anything I think could be done better I have the space to raise it there."

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

- People were able to input into choosing their food and planning their meals. One person told us, "They try to make everyone happy. Everyone wants different food." We observed people being asked what they wanted to eat, and the food looked appetising. One person told us, "It's nice, it's my favourite."
- Staff offered people opportunities to be involved in preparing and cooking their food and drink. One person told us, "I find cooking difficult sometimes, I need a little bit of prompting at times and they help me."
- People told us they were able to eat and drink when they wanted. Comments included, "Yes, you just let them know...you can have them where you want, I like to eat outside, I find it nice" and "I choose when I want to eat."
- The regional manager told us how they had identified a concern with staff's knowledge and understanding about portion sizes, meal planning and healthy meal options. In addition, they identified a lack of confidence in meal preparation and cooking. The provider had supported staff to have additional training and had implemented simple menu cards to support them when cooking.

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

- People told us they were supported to access healthcare services when they needed it. One person told us they preferred to make their own appointments and for staff to support them to attend. They told us staff respected their preference and supported them in the way they wanted. Another person confirmed staff made an appointment when they needed one.
- We saw from the care plans and daily records that a range of professionals were involved in providing additional care and support to people. One person had a diagnosis of diabetes. They told us, "I feel stable with my diabetes. They [staff] do try and keep me stable."
- During the inspection we observed one person being offered the opportunity to attend a scheduled dentist appointment.
- People were referred to other professionals such as the community learning disabilities team and speech and language therapy where appropriate.

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

- People told us they had been involved in the decoration of the service. One person told us, "I like my room ... I can choose any colour I want."
- The service was an older building that required regular maintenance. We found that there was some required maintenance that once completed would enhance the environment. For example, the kitchen units. The provider had already identified this and had plans in place to redecorate and update some elements of the home.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Since the last inspection there had been a change in the management team with additional support from the regional manager. The provider, led by the regional manager, identified one person had restrictions in place which were not appropriate. The provider supported the person to increase their independence and were able to leave the service independently whenever they wanted. This had been a positive outcome for the person and had a positive impact on their quality of life. The person told us how it had significantly changed their life for the better.
- Staff were knowledgeable about how to protect people's human rights. One staff member told us, "Always give freedom of choice, least restrictive, involve them and explain what I am doing. Most people here have capacity for most things." A person told us how the provider had sought their consent to being able to enter their room when they were out in the event of an emergency or access for Health and Safety maintenance.
- Staff were clear about the need to seek verbal consent before providing care and staff had a good understanding about people's ability to consent and what to do if they could no longer give consent. One staff member told us, "I'd leave him to it, not try and force it, respect his decision." People confirmed they were asked for their consent. Another staff member told us, "If we are training a new staff member, we always ask him permission before in advance, we don't spring it on him."
- During the inspection we observed staff respecting people's decisions. For example, one person had a planned dentist appointment but declined to attend. A staff member told us, "It is his right to refuse, I asked him a couple of times to make sure he didn't want to go and he said no and I respected that."
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice.
- The provider had ensured DoLS authorisations had been applied for where necessary and these were reviewed when required.

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 this key question was not rated. The last inspection was a focussed inspection in safe and well-led only and was the first inspection for this 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 were positive about the quality of care and support people received. Comments included, "I like the staff, they are very helpful" and "Overall the staff are kind, caring and very approachable."
- We observed staff were friendly and caring when supporting people. Staff spoke about people with genuine interest and affection. One staff member told us, "I treat everyone here as I would want to be treated, with respect, dignity and promoting choice. Supporting people to the best of my knowledge and skills."
- Information about people's life history and preferences was recorded, which staff used to get to know people and to build positive relationships. For example, we saw that where people had cultural support needs, these were detailed and clearly documented in their care planning documentation. One staff member told us, "It is providing care that is important to the person. If they want to be vegetarian, support it. If they want to go to temple, then support them."
- One person shared with us how they had wanted to explore intimate relationships safely. They told us how the provider had supported them with this and how they were now happy in a loving relationship. They told us the positive difference this had made to their life; they had been supported to be more independent and to develop meaningful relationships with others.
- Staff spoke with genuine warmth, empathy and compassion when referring to the people they cared for. Staff knew people and could describe people's likes, dislikes and interests. Staff told us about how they were supporting people to achieve their goals. For example, one staff member gave us an example in how they support people to develop their skills, "I encourage them to do it themselves first, if I see them struggling offer support, but each time build and push them further with encouragement."

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

- People told us they were involved in making decisions about their care. One person told us, "People ask me what I think and like" and "They ask me questions about how I am supported, how I like personal care, what I use in the shower."
- People were encouraged to express their views and opinions and supported to make choices and decisions for themselves. One person told us, "You can go to bed whenever you want, in the middle of the day if you want."
- Staff understood people's different communication support needs. We saw people being supported using their preferred communication methods and staff demonstrated an awareness and understanding of

people's needs. Staff demonstrated their knowledge and skill to effectively communicate with people using both verbal and non-verbal communication. Staff understood that some people had difficulty communicating their needs and wishes and respected this. They explained how people communicated and the need to check to ensure they had understood their requests or responses.

- On occasions where people may not be able to fully express their views, or where they wanted their additional input, those who were important to them took part in making decisions and planning of their care. A staff member told us, "Professionals, family, people in the first place, all of them have input into their support plan."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and their privacy was respected. One person told us, "They treat me with respect" and "They respect my privacy, always knock before they come in." Another person told us, "I'm happy enough with the way they handle things."

- Staff were able to demonstrate they understood people's individualised support needs. One staff member told us, when discussing one person who had been supported to develop their independence to attend medical appointments on their own, "We offer him the option [of staff accompanying him], the offer and support is there."

- We observed staff were friendly and caring when supporting people. They ensured people had the time to express themselves, offered reassurance and actively promoted people's independence. One person told us, "If I do it myself, it is better for me." Staff comments included, "I get them to do things themselves, we talk through the steps and work through them" and "With [resident's name], he needs a lot of guidance but we never prepare his breakfast for him, we get it all ready for him (get it out ready and weigh his cereal) and then he puts it together ... he can do it himself."

- Staff maintained contact and shared information with those involved in supporting people, as appropriate. Care records were held securely in the service and confidential information was respected.

Is the service responsive?

Our findings

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

At our last inspection this key question was not rated. The last inspection was a focussed inspection in safe and well-led only and was the first inspection for this 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; 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's likes, dislikes and what was important to the person were recorded in person-centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. One staff member told us, "You can't have one care plan that covers all people. It has to be personalised, they have different dietary needs, different likes, dislikes, so need to ... find out what their needs are, what they like and dislike and write a plan specific to them."
- People's privacy and dignity was promoted and respected by staff. Each person had their own bedroom which they could personalise and keep their personal belongings safe. People had access to shared spaces and there were options to be with others or on their own for privacy. The service's design, layout and furnishings supported people and met their individual needs.
- The service worked in a person-centred way to meet the needs of people with learning disability and autistic people. They were aware of best practice and the principles of right support, right care, right culture and were ensuring that these principles were carried out. One staff member, when telling us what the visions and values of the service were, told us, "inclusion, give freedom of choice, activities, meaningful activities, making it as comfortable as we can to be their home."
- We observed people being supported with various activities throughout the inspection. Some people were supported to access activities outside of their homes and some people supported to engage with activities within their home. One person told us, "They ask what I like to do. I enjoy archery and the staff help me with loading the bow." Staff comments included, "With [person's name], we ask him if there is anything he wants to do" and "We have an activities planner, we ask and give options."
- People told us they were able to contact their family and friends whenever they wanted. Comments included, "Able to call whenever I want" and "On the telephone I speak to them ... can use it whenever I want."
- The provider had utilised different communication methods to support people to maintain contact with their relatives and friends. For example, telephone calls, socially distanced walks, e-mails and newsletters.

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.

- The service met the needs of all people using the service, including those with needs related to equality characteristics. Staff helped people with advocacy, cultural and spiritual support. People's communication needs were met. People had access to information in appropriate formats. Such as Object of Reference, pictures and Makaton.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One person told us, "I'll speak to [staff member's name], or [registered manager's name] or if not my dad."
- The provider had a robust complaints policy and procedures in place. They had a clear process in place to investigate all complaints and learn lessons from the results. They told us any learning would be shared with the whole team and the wider organisation.

End of life care and support

- At the time of the inspection no one living in the service was receiving end of life care.
- Where appropriate, conversations took place with people about their preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care.

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 requires improvement. At this inspection the rating has changed to 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

- Leaders had the skills, knowledge and experience to perform their roles and understood the services they managed. They had a vision for the service and for each person who used the service. They were visible in the service and approachable for people and staff. Comments from staff included, "I know no matter what happens I know I can always speak to [registered manager's name], we're all one big team and it is nice", "I think [registered manager's name] is very fair" and "Always have time to talk and listen to people, we have an open door policy."
- The provider's vision and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. We observed staff understood and cared for people in a manner that was in keeping with these principles.
- During the inspection staff were relaxed, confident and engaged with people consistently. However, we saw the daily notes completed by staff did not always reflect the support we observed in practice. Some of the notes lacked detail and did not evidence the person-centred approaches used by staff. The provider told us they would be reviewing this following the inspection.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. Staff comments included, "Making it individual to the person. Giving them freedom of choice in line with what needs to be done, one model doesn't fit everyone" and "This place does it's absolute best to promote the residents to live as independently as possible."
- Since the last inspection the service had experienced management changes which had caused some destabilisation within the staffing team. To support people and staff team, the regional manager had increased their presence within the service. They were proactive in ensuring people's support needs were met by staff who were adequately skilled, trained and confident. We saw evidence of how this had resulted in better outcomes for people. Such as one person having been supported to increase their independence and develop meaningful relationships.
- We observed the open-door policy in place within the service was also promoted by the regional manager. Throughout the inspection both people and staff approached the regional manager; we observed people clearly knew the regional manager and were comfortable with him. The regional manager knew people and their individual interests and spent time conversing with people. In addition, the regional manager told us how they attended staff meetings regularly to ensure they remained accessible and approachable to staff.
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available. The provider had set up a system to share important updates and guidance to staff. Guidance and information relating to COVID-19 to

support staff's knowledge and awareness of updates to guidance, policies and procedures was easily accessible.

- The provider understood and implemented the right support, right care, right culture guidance CQC follows. The service model of care and setting maximised people's choice, control and Independence. Care was person-centred. The providers ethos, values and behaviours of leaders and care staff ensured people lead confident, inclusive and empowered lives.

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 service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- Statutory notifications to CQC had been received following any notifiable events at the service. Notifications submitted to us demonstrated relevant external organisations were informed of incidents and accidents.

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

- There were a number of systems and processes in place for monitoring the quality of care and used to plan improvements. Where issues were identified remedial action was taken. The provider had identified improvements they were working on at the time of the inspection.
- During the inspection we identified a lack of consistency in the recording for some checks and documentation. For example, we found some gaps in the medicine administration records and, in some health and safety checks. However, the provider could evidence medicines had been administered and took immediate action to ensure the health and safety checks were reviewed. Whilst the provider had taken action to address the inconsistency in recordings, they needed time for these actions to be embedded within the service. We found no evidence people had been impacted by the inconsistent recording.
- The provider was open and honest about the challenges the service had experienced, both in relation to changing the culture of the service, and the impact of COVID-19. The provider had implemented a predominately new staff team since the last inspection. They told us how they had worked alongside staff to embed good practice, a positive culture and person-centred approaches. One staff member told us, "We've worked very hard to get it back to this level. I can definitely see improvements since we put into place our new processes."
- The provider told us following the change in management, they had reviewed all people's care planning documentation and had identified documentation did not always reflect the current support people were receiving. The provider was in the process of rectifying this at the time of the inspection.
- We saw evidence of documentation having been updated during the inspection, and evidence of the management and staff teams' reviews of documentation. The provider told us they were prioritising the updating of information. However, we were concerned updated documentation was filed with previous versions which could cause some confusion. We spoke to the provider and understood this was due to an archiving delay. The provider told us they would review this following the inspection.
- At the time of the inspection the registered manager was on leave. However, they had ensured there was robust cover in place to support the service in their absence. People and staff were very positive about the registered manager. People told us, "I think [registered manager's name] is lovely" and "[Registered manager's name] is very kind and caring, and very approachable."

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

- People's individual life choices and preferences were met. One person told us, "I think they all do a

fantastic job, especially [registered manager's name], she bends over backwards to do what she can for me, the other residents and her staff."

- People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service.
- The regional manager told us how involved relatives had been in supporting staff to improve their knowledge and confidence in supporting people with healthy eating. Relatives worked with the provider to create healthy recipes people enjoyed and carried out training sessions with the staff team so they could learn how to cook the recipes. In addition, they supported staff to increase their knowledge of healthier menu options and adequate portion control to be able to support people.
- Staff felt respected, supported and valued. The provider promoted equality and diversity in its work. They felt able to raise concerns without fear of retribution. One staff member told us, "If I've got an issue, I can bring it up, I've never not been listened to. I have made suggestions and they have been implemented. I've never felt I've not been appreciated or ignored."
- Staff told us they were involved in developing the service and felt listened to. Staff shared examples of suggestions they had made which had been incorporated into the running of the service. For example, a newsletter for relatives to improve communication. One staff member told us, "The manager was writing a risk assessment and she asked me to look over it, there were a few things I amended, and she took it on board and changed it."
- The service had links with other resources and organisations in the community to support people's preferences and meet their needs. For example, GP's and Chiropodists.