

Precious Homes Limited

Gloucestershire Community Support Services

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Gloucestershire Community Support Services provides care and support to people living in a 'supported living' setting so that they can live in their own flats as independently as possible. The service provides support to people with learning disabilities, autism and/or mental health needs. At the time of our inspection there were four people using the service.

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

The service was outstandingly responsive to people's individual beliefs, preferences and needs, and people's wellbeing was enhanced by person-centred activity planning. People's individual needs were assessed, and comprehensive care plans and risk assessments were in place to help staff support people in accordance with their preferences.

The service was well led by a management team who were passionate about providing high quality individualised care to people. Robust quality assurance systems and a strong learning culture contributed to continual development and progression of the service. The registered manager told us, "I leave the service and know that people are living their best lives. The care here is consistent and staff are skilled."

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.

All staff demonstrated extremely compassionate, attentive and caring approaches in their interactions with people. They consistently promoted and encouraged people's independence and treated them with dignity and respect. People and their relatives were complimentary about the approach of the staff and the current management team.

People were supported by staff who understood how to keep them safe from the risk of abuse. Appropriate safeguarding procedures were in place and staff had been trained in how to protect people from abuse.

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 model of care and setting maximised people's choice, control and independence. The care model

focused on people's strengths and promoted what they could do and so people had a fulfilling and meaningful everyday life. People made choices and took part in meaningful activities which were part of their planned care and support. Staff supported them to achieve their aspirations and goals.

Staff actively promoted equality and diversity in their support to people. They understood people's cultural needs and were able to provide culturally appropriate care. People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood and responded to their individual needs.

People lead confident, inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Managers and senior staff modelled good practice and led by example. Staff placed people's wishes, needs and rights at the heart of everything they did.

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 22 March 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the service being newly registered.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Gloucestershire Community Support Services

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.

Inspection team

The inspection was carried out by two Inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in a 'supported living' setting, 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 April 2022 and ended on 11 April 2022. We visited the location's service on 6 April 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered. 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 (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.

During the inspection

We spoke with two people who lived at the service and three relatives about their experience of the care provided. We also used the principles of the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight members of staff including the registered manager, deputy managers, care staff, and activities co-ordinator.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from four professionals to gather their experiences of the care provided.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and poor care and any concerns were robustly addressed. One person said, "I feel happy and safe with all my staff."
- Records confirmed allegations of abuse had been investigated and acted upon appropriately. These included the outcomes of the investigation which supported lessons learned moving forward.
- People were protected from the risk of abuse by a duty system which operated 24 hours a day. This enabled staff to contact management at any time for support and guidance if they had any concerns.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely. Risk assessments were in place which clearly guided staff in caring for people in a safe way. The rota was developed to reflect people's needs and consideration was given to skill mix to promote safety.
- People who experienced periods of distress had proactive plans in place which ensured restrictive practices were only used by staff if there was no alternative. People were supported in accordance with the restraint reduction network which aims reduce reliance on restrictive practices and make a real difference in the lives of people.
- Staff sought to minimise their use of restraint. Physical intervention was monitored to ensure that it was the least restrictive and any restraint was used for the minimum amount of time necessary. Systems were in place to report and learn from any incidents where restrictive practices were used. Staff discussed techniques that promoted reducing restrictive practice.
- Staff and people were encouraged to debrief in accordance with their preferences. There was an allocated room where staff and people could reflect upon any behaviours of distress at a time that was convenient for them.

Staffing and recruitment

- Staff were recruited safely. All required checks were made before new staff began working at the home. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was a suitable value's led recruitment process and a comprehensive induction which meant that staff knew people's individual needs, wishes and goals.
- People told us, and we observed, there were enough staff deployed to meet the needs of people living at the home. The registered manager said, "Staffing is dynamic. We are continually liaising with people, staff, families and funding authorities. I don't want to see staffing levels being restrictive for anyone." A staff

member talked about a person who used the service and said, "[Their] hours revolve around them. Management are moving mountains to make sure that things work for [them]."

- The registered manager spoke about the challenges of recruiting staff throughout the pandemic. The provider had developed systems to reduce staff turnover and retention, and provider greater consistency for people. One staff member spoke about recruitment within the service, "The trajectory of the service is good. Staff can see all the positive changes now." The management team and staff were working creatively with local recruitment initiatives to employ a permanent consistent staff team.
- Agency staff had been block booked to provide greater consistency for people whilst they recruited for a permanent consistent staff team. We spoke to an agency staff member who confirmed they received the same training and support to enable high quality personalised care for people.

Using medicines safely

- Staff were trained to handle medicines in a safe way. They completed appropriate training and had their competencies assessed routinely to make sure their practice was safe.
- Medicines were stored, administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.
- People's medicines were regularly reviewed to monitor the effects on their health and wellbeing. The registered manager adhered to the principles of Stopping Over-Medication of People with a Learning Disability (STOMP), and we saw how they had engaged with people and relatives to ensure people only received psychotropic medication for the right reasons and in the right amount.

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. Any changes in guidelines had been communicated promptly and effectively. The service had used now and next boards, easy read communication and social stories to ensure people understood what was happening throughout the pandemic.

People were supported to see their families in accordance with their preferences and in line with government guidance. Telephone and virtual contact supported bespoke visiting at the home. A senior staff member said, "We have managed well [through the pandemic]. We found ways for people to interact with their family [and loved ones] virtually and empowered communication. Visiting is safe and has always been in line with government guidance."

Learning lessons when things go wrong

- Managers maintained people's safety and investigated incidents and shared lessons learned with the whole team and the wider service. One staff member said, "People and staff feel listened to. Nothing gets lost as the registered manager takes any concerns and feedback on board."
- The management team were open to feedback from people, relatives, staff and professionals. We saw evidence of a strong learning culture and could see that learning actions were implemented as a result of

any concerns raised.

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.

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

- People were supported to make decisions by staff who used best practice in decision-making and communicated with people in ways that met their needs.
- Support plans were personalised, holistic, strengths-based and reflected people's needs and aspirations.
- Support plans reflected a good understanding of people's needs with the relevant up-to-date support assessments, including medical, psychological, functional, communication, preferences and skills.
- Support plans set out current needs, promoted strategies to enhance independence and demonstrated evidence of future planning and consideration of the longer-term aspirations of each person. We saw examples of people being supported to access their rooms independently, attend sports centres and book holidays in accordance with their wishes.

Staff support: induction, training, skills and experience

- People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant they received compassionate and empowering care that was tailored to their needs. One relative said, "[My relatives] staff team know him so well. They are aware if [they] are in discomfort and they are aware of [their] likes and preferences. They all take note and are all brilliant."
- Staff were trained in and had a good understanding of best practice models of care.
- People had reasonable adjustments made to meet their needs and their human rights were respected and this was because staff embedded their learning into practice. Staff had reached out to local businesses and had developed a complete timetable which detailed accessible sessions for people they supported.
- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice. An internal PBS professional told us, "The service is excelling in following the proactive strategies laid out in [people's] PBS plans, and as a result we are not only seeing decreases in behaviours of concern but decrease in restrictive practices."
- Updated training and refresher courses were scheduled, and competency checks were carried out to ensure training and best practice was understood and practised. There was evidence of ongoing supervision and recognition of good practice to further embed learning.
- Staff were able to talk about their training and personal development and how it related to the people they supported. The registered manager had developed bespoke training which met the needs of individuals at the service. There was a plan to further develop this training approach.
- There were clear procedures for team working and peer support which promoted the provision of good quality care and support. One staff member said, "I'm so proud to be part of this team; we are on such a

journey."

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

- People were involved in choosing their food, in shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. One person told us they, "were cooking with lots of fresh food."
- People could access drinks and snacks at any time, but staff provided guidance so that they did not develop unhealthy eating habits. In one case they had supported someone to understand the impact of a certain drink type on their physical health and had continually assessed their mental capacity in this area, supporting decision-making and best interest decision-making.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. One person told us how they had been supported to attend a community weight loss support group and then follow the healthy diet plan at home.

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

- People had health actions plans which enabled health and social care services to support them in the way they needed
- The service ensured that people with a learning disability and or autistic people were registered on their GP's quality and outcomes framework, so that any reasonable adjustments were made to meet their individual needs.
- People were supported by a range of internal and external multi- disciplinary team professionals to ensure they received high quality personalised care. One internal professional said, "The registered manager is very proactive and as soon as [they] came in post [they] ensured [they] had access to all of the multi- disciplinary team recommendations and implemented these on the floor." An external healthcare professional said, "I'm happy with the new management; I'm getting much improved communication, queries relating to [people] in a timely manner."
- The service utilised a nationally recognised physical deterioration and escalation tool. This helped them to recognise if a person was at risk of physical deterioration and act in accordance with the persons support plan to access the support needed.

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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were aware of people's capacity to make decisions through verbal or non-verbal means and this was well documented in people's support plans.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- For people lacking capacity to make decisions about their medicines, best practice was followed and

there were safe processes around medicines.

- The model of care employed by the service promoted supportive practice that ensured restrictive practice was only ever used as a last resort. All restrictive interventions were documented, monitored and triggered a review of the person's support plan. A plan was in place to reduce restrictive interventions.

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 told us staff were kind and caring, and they were happy living at Gloucestershire Community Support Services. One person said, "Staff are friendly, nice and kind. I can always say if I want help."
- Staff told us, and we saw that they treated people as their equal and created a warm and inclusive atmosphere. The service ensured people were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated.
- People received kind and compassionate care from staff who used positive, respectful language at a level people understood and responded well to. We saw that staff were patient and used appropriate styles of interaction with people in accordance with their documented needs and preferences.
- Staff were mindful of people's individual sensory perception issues and processing and had the foresight to ensure people were protected from exposure to any environmental factors they would find stressful.

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

- People had a choice about their living environment and were able to personalise their rooms. One person told us, "My flat is cosy and comfortable."
- Staff respected people's choices and wherever possible, accommodated their wishes. The registered manager told us, "Staff's own cultural or religious beliefs don't impact on the support they provide to people. We are all equal regardless of any beliefs and preferences."
- People felt listened to and valued by staff who engaged meaningfully with them. We saw that people were listened to, given time and supported by staff to express their views using their preferred method of communication.

Respecting and promoting people's privacy, dignity and independence

- The provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy. One staff member said, "We are continually supporting people to promote privacy and dignity. We support some people who are not always socially aware, and so we empower them and also help them to understand privacy."
- People's human rights were upheld by staff who supported them to be independent and have control over their own lives. There were two dignity champions at the service who were committed to taking action to create a service that has compassion and respect for people.
- Staff routinely sought activities for people such as paid or voluntary work, leisure activities and widening of social circles. One person spoke passionately about their voluntary work and the sense of value they felt as a result.

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 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

- The service was outstandingly responsive to people's individual beliefs, preferences and needs, and person-centred culture was now deeply embedded. One staff member said, "Every single [person we support] has a service totally built around them." The registered manager said, "We are so person centred and everyone has different care and support hours."
- Staff knew and understood people well and were exceptionally responsive, supporting their aspirations to live a quality life of their choosing. We saw examples of how people had been supported to work toward long term goals such as holidays abroad. Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. The activities co-ordinator told us, "Activities are not fixed. People have the choice to do whatever they want to do."
- People had good access to support for their mental wellbeing and were supported to live healthier lives. The registered manager utilised a recognised tool to identify distress in people with severe communication difficulties at the earliest possible opportunity to enable a timely support plan to be implemented. This meant staff were able to recognise early signals of distress and intervene using pre planned de-escalation strategies. We saw this had been effective and people's need for restraint had reduced considerably.
- Staff discussed ways of ensuring targets for people were meaningful and spent time with people understanding how they could be achieved. One person had explained they wanted to go to London, so staff were supporting them to attend increasingly busy towns and cities so that they were familiar with busier environments.
- People's likes, dislikes and preferences were clearly recorded in their support plans and were reviewed and updated when needed. People were encouraged to make their own decisions and choices and told us they were involved in decisions about their day to day lives. One person told us they had expressed an interest in basketball and so staff had supported them to book tickets for an upcoming league game.
- Staff completed contemporaneous daily notes about each person to share important information about people and their mood and preferences on that particular day.
- Staff completed daily handovers to communicate clear and up to date information about changes in people's needs and any actions to take.
- People were actively involved in the recruitment of new staff and had been supported to document what a good staff member was to them. The registered manager told us this was forefront in recruitment decisions to ensure people built a staff team that met their needs and preferences.

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.

- People were able to communicate with staff and understand information given to them by staff who supported them consistently and understood their individual communication needs. A relative said, "My [relative] could get upset because they cannot communicate verbally. However, that's improved greatly as they can have [a range of communication aids], and [staff] are now active with this."
- People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols were able to interact comfortably with staff and others involved in their treatment, care and support. One person told staff so that they wanted to communicate better with their peer who used Makaton, and so staff were supporting them to learn Makaton to improve communication.
- People's care plans included information of how to best support their communication and understanding, including support for written information, sight and hearing.
- A restrictive practice review had recently been completed with staff and people in a range of accessible formats to further promote the least restrictive practice as commonplace within the service. We saw examples of the positive impact this had on people and their quality of life. One person stated they would like to be involved in service development and had asked to attend meetings with management about the plans for the service progression. This was being facilitated by the management team.
- There were examples throughout the service of easy read and pictorial formats for information. Key policies had been documented in an easy read format so they were accessible for people using the service. One person had been supported to use 'talking tiles' which would speak the word identified on the tile. This had supported the person to develop a communication which was meaningful to them.

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

- People were supported to take part in activities and interests in their local area and to interact with people who had shared interests. People's care, treatment and support plans reflected their tailored needs in line with their personal preferences, and this promoted their wellbeing and enjoyment of life.
- Staff involved people and ensured individualised risk assessments were undertaken. Where appropriate positive risk taking was encouraged and enabled. The registered manager said, "Positive risk taking is encouraged. We are always supporting people to try things and reflect." Staff supported changes that individuals might want to make and assessed risks continuously. This flexibility ensured that wherever possible people enjoyed freedom of choice and control over what they did.
- Staff enabled people to access relevant mainstream activities and services or found ways to make them accessible so that people could broaden their horizons and develop new interests and friends.
- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational activities.
- People and staff were encouraged to practice their faith; a multi-faith room had been created at the service. A senior staff member said, "The multi-faith room is fantastic. Staff and service users have a quiet space to practice their religion. A few staff are currently partaking in Ramadan, and some non-practicing staff are also partaking so they can experience the culture. I'm also learning Arabic. Sharing culture is important here."
- We observed people being engaged in various activities throughout the inspection and reviewed people's year in pictures so far. We saw examples of holidays, bowling, farm parks, swimming, trampolining, cinema trips, basketball, gym and walks. The picture books that we saw provided a strong visual aid for people to reflect and share their achievements, and people were rightly proud.

- Staff engaged in local and national quality improvement activities. The manager had recently engaged with a national campaign to end inflexible support that prevents people with learning disabilities from being able to lead the lives they want. They were also exploring a national initiative to enable people with learning disabilities and/or autism to enjoy all the great things going on in their community, especially live music.

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.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- We saw that when a complaint or concern had been made, they had been acknowledged, investigated and responded to appropriately and in line with the providers policy. The registered manager said, "There is a no blame culture at the service and any concern/complaint is always an opportunity to learn [and improve practice]."
- There was a strong learning culture within the home. When the registered manager was new in post they reviewed all previous concerns and set up reflective learning sessions to ensure learning was identified and shared. One staff member said, "Staff and people are listened to."

End of life care and support

- At the time of our inspection nobody living at Gloucestershire Community Support Services was receiving end of life care. However, the registered manager and staff were developing their approach for what to do if people's needs changed. The registered manager was currently reviewing a national end of life care project for people with learning disabilities. They told us that when the work was published, they would be looking to implement within the service. The registered manager said, "This information will be feeding into end of life support plans as although people may not want to talk about dying or be ready to talk about death, we can get a greater picture of what their preferences may be in a sensitive and accessible manner."

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.

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

- The service was well led and people spoke highly about the registered manager and the management team. One person said, "Managers are brilliant, amazing and fantastic and I like them all so much."
- Staff and relatives told us that the registered manager had improved the culture of the service significantly. They told us the service had been transformed. One staff member said, "The new registered manager is brilliant and has shaped the service." Other comments included, "Since the registered manager arrived we have had so much support." And, "Staff morale is now excellent."
- People's quality of life was enhanced by the culture of improvement and inclusivity within the service. Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcoming of fresh perspectives. Without exception staff and relatives spoke about the positive impact the registered manager has had upon the service. One staff member said, "I love it here. Since the registered manager came on board communication is strong. The service has come so far; it's hard to put it into words."
- Staff ensured risks of a closed culture were minimised so that people lived their lives in a culture of transparency, respect and inclusivity.
- Managers worked directly with people and led by example. Staff told us they felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. The registered manager said, "The culture of the service is so focussed on quality of life for people. I'm so proud of the staff team."

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.
- Information relating to the running of the home was openly discussed and shared amongst people and their relatives, management and staff. Relatives were invited to attend clinical governance meetings where lessons learned from safeguarding were discussed as part of the agenda.
- The provider displayed their CQC rating within the service and on their website.

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

- The registered manager told us they were clear about their role, including their CQC registration requirements. Statutory notifications about key events that occurred had been submitted and the registered

manager was aware of and adhering to the duty of candour.

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs and the service. In 2021 the registered manager won the Great Autism Practice award at the National Learning Disability and Autism awards.
- Our findings from the other key questions showed that governance processes were effective and helped to hold staff to account/ keep people safe, protect their human rights and provide good quality care and support
- Staff were committed to reviewing people's care and support on an ongoing basis. Support plans were comprehensive, and we saw they had been routinely reviewed to ensure they remained appropriate as people's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. The registered manager was due to start a diploma in practice leadership in reducing restrictive practices to further support the work being undertaken in this area. We saw evidence of bespoke training being delivered throughout the service to further enhance staff skills and competency to provide high quality care for people.
- Staff were able to explain their role in respect of individual people without having to refer to documentation and they delivered good quality support consistently.
- Staff acted in accordance with best practice, policies and procedures and they understood the importance of quality assurance in maintaining good standards. Relatives spoke about the impact of the new registered manager and the quality assurance systems in place. One relative told us, "Since [the new registered manager] has taken over my [relative] is a different person. The improvement in them is massive. I'm fantastically pleased with what's happening."

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

- Staff regularly evaluated the quality of support given, involving the person, their families and other professionals as appropriate. They had recently completed satisfaction surveys in a range of accessible formats, which showed that people were happy with the service.
- People and those important to them, worked with registered manager to develop and improve the service. This demonstrated that staff valued and acted upon people's views. People, staff and management had co-produced a service progression plan which encompassed feedback from people and their families as well as feedback from observations and other governance of the service.
- People were routinely consulted about key areas of their lives to ensure that they received bespoke and individualised care. A staff member said, "We talk to people about what they want for their lives." A senior staff member said, "All of our work is centred around the people who live here."

Continuous learning and improving care; Working in partnership with others

- The registered manager and the management team closely monitored the service people received by conducting daily spot checks where they documented what they saw, heard and felt. There was evidence that ongoing spot checks were taking place throughout the day and night to ensure the safety and quality of the service.
- Recognised audit and improvement tools were used to good effect which resulted in people achieving good outcomes. The provider completed a golden thread audit which enabled comprehensive oversight of the service and areas of achievement and progression.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. An internal healthcare professional said, "The service is currently doing really well at improving each person they support and their quality of life, making their goals achievable. I am very much looking forward to seeing where the service will be this time next year as the

current improvement has been outstanding."

- Healthcare professionals consistently spoke positively about the service and leadership. One professional said, "The support seems very good and tailored appropriately to the individual."