

Southdown Housing Association Limited

St Botolphs Road

Inspection report

14 St. Botolphs Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

St Botolph's Road is a supported living service providing personal care and support to seven people at the time of the inspection. The building is purpose built with eight self-contained flats over two floors and includes some communal indoor and outside space. The service can support up to eight people with a learning disability.

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

Right Support

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People and their relatives told us people were leading busy lives. One relative said, "They phone me every week, to tell me what he's up to." A health care professional said, "In the 16 years that I worked with the gentleman, I had never seen him laugh and smile so much as he has done in the 2 years he has lived at St Botolphs."

Staff supported people to make decisions following best practice in decision-making. Staff knew people well and communicated with people in ways that met their needs.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People were relaxed and appeared happy in the company of staff. One person said, "I feel safe here." Relatives commented on the caring nature of staff. One relative told us, "I think people are very safe and very happy here." Another said, "The staff care deeply." People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols, could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them. Relatives were consistently positive about how staff communicated with people. One relative told us, "He needs people who are familiar with him and he gets that here."

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Records were detailed and kept up to date to ensure staff had the information they needed, including when people's needs changed.

Right culture

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff spoke positively about people's achievements and we saw how they encouraged them to be as independent as possible.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff spoke

positively about the management of the service, the open culture and the support they received. One staff member said, "It's a great place to work, great staff team, very caring." A relative told us, "Staff seem to stay a long time, there must be a reason for that."

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.

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

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care right culture.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led

Details are in our well-Led findings below.

St Botolphs 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 Care Act 2014.

Inspection team

Two inspectors, and an Expert by Experience carried out the inspection. 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.

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 inspection

We reviewed information we had received about the service since registration with CQC. The provider had completed 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. This information helps support our inspections. We asked the registered manager to send a number of documents relating to the management of the service and people's care before the site visit. We used all of this information to plan our inspection.

During the inspection

We spoke with, and spent time with, six people who used the service. One person was able to talk with us, five people used different ways of communicating, including using Makaton sign language, pictures, photos, symbols, objects, noises and their body language. We spent time observing the support and communication between people and staff in shared areas of the house and within some people's flats. The Expert by Experience spoke with five relatives by telephone about their experience of the care provided.

We spoke with seven members of staff including the registered manager and care workers. We reviewed a range of records. This included seven people's care records and medication records. A variety of records were viewed relating to the management of the service, including staff rotas, training plans, audits and other documents relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found, including for recruitment of staff. We received feedback from one health care professional.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- One person told us they felt safe living at St Botolph's Road, saying, "I would tell staff if I was worried about anything." People's relatives described feeling confident that people were kept safe. One relative told us, "It's very safe there, and always has been."
- People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible. For example, records identified that a clinical hold might be necessary for one person if they needed an injection. Staff were able to describe the circumstances when this might be necessary and the steps that would be taken first to try and avoid the use of restraint. This was clearly documented, and the use of minimum restraint had been agreed as being a last resort when in the person's best interest. A staff member explained how, by following these guidelines, the person had been able to receive an injection without the need for a restrictive intervention.

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

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Staff demonstrated a good understanding of individual risks identified in people's care plans. One person had risks associated with swallowing and required support with food preparation and when eating. Staff were observed offering the person a choice, preparing their meal in line with the care plan and providing support sensitively. This ensured the person received support to minimise risks in a manner which ensured choice and control was maintained.
- Risk assessments and care plans were comprehensive, well personalised and provided clear guidance for staff. For example, some people had epilepsy and their risk assessments and care plans guided staff in how to support them when having a bath or shower in case they suffered a seizure. Staff had been trained in how and when to give rescue medicine and knew when to seek support from health care professionals. Some people had PEG (percutaneous endoscopic gastrostomy) tubes to receive food, fluids or medicines directly into their stomach. Risk assessments and care plans provided clear guidance for the PEG tube and only staff who had received training and were assessed as competent, supported people with their PEG tube. Staff were able to describe the process including ensuring skin integrity and hygiene for the PEG tube site.
- Incidents and accidents were recorded and analysed to identify themes, trends and learning to help prevent further incidents. For example, a pattern of seizures had emerged for one person which had supported staff to determine a possible trigger. This meant staff were better able to support the person to reduce risks of having a seizure.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service.
- Staff told us there were recent staffing pressures due to some vacancies and this had meant staff were covering additional shifts. The registered manager was actively recruiting to the vacant posts and new staff were due to start within the coming weeks.
- People were supported by staff who had been recruited and inducted safely.
- Relatives spoke positively about how the registered manager deployed staff, one relative told us, "The staff all know them, they need people who are familiar with them and they get that here." Another relative said, "There has always been plenty of staff, they weren't rushed or stressed and always had time."

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff had received training and were assessed to be competent before administering medicines to people.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given covertly, and when assessing risks of people taking medicines themselves. One person preferred to have their medicines with food. We observed how the staff member explained that the medicine was being offered with the yoghurt and reminded the person what this medicine was for, before administering this to them. Another person preferred to take medicines in liquid form. Staff had worked with the GP and pharmacist to ensure this was provided.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. Staff were knowledgeable about people's needs and the medicines they were prescribed.
- One person was prescribed medicines to support their emotional well-being. There were clear guidelines in place identifying the circumstances when the medicine should be administered. Staff were aware and able to describe the process of decision making to ensure restrictive interventions were minimised.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep premises clean and hygienic.
- The service tested for infection in people using the service and staff. They also demonstrated a commitment to supporting people to receive the COVID-19 vaccine.
- The service had a system to monitor the vaccination status of staff.
- The service prevented visitors from catching and spreading infections.
- The service admitted people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service made sure that infection outbreaks could be effectively prevented or managed.
- The service's infection prevention and control policy was up to date.
- People were supported to receive visitors in line with current guidance.
- Relatives told us they had confidence in staff following infection control procedures. One relative told us there was a clear strategy for managing COVID -19 outbreaks saying, "It (the plan) had been thought through and was actioned without a hitch when needed, which was reassuring."

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

- Staff completed functional assessments for people who needed them and took the time to understand how people expressed anxiety or distress. Staff were able to explain the importance of supporting people in a personalised way according to their needs and preferences. One staff member described how a person needed a consistent approach from staff to ensure they felt safe and in control. Their assessment and care plan reflected this approach and gave clear guidance for staff in how to support the person to feel safe by following a predictable and stable routine. We observed how staff followed this guidance and supported the person to reduce their anxiety by promoting relaxation.
- Relatives told us people were supported to achieve good outcomes. One relative said their relation's quality of life had, "Significantly improved." Another relative spoke positively about the approach of the staff saying, "They know how to do things the way he needs, and he is happy."

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.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Care plans included consideration of consent and identified the least restrictive options for supporting people.
- Staff demonstrated a clear understanding of their responsibilities for seeking consent from people. We observed how staff were consistently offering people choices and checking with them before providing care and support.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. For example, a monitoring system was used at night to alert staff if a person had a seizure. This decision had been made in the person's best interest in consultation with relevant people, to ensure that rescue medicines could be administered if needed.

Supporting people to live healthier lives, access healthcare services and support; People had health actions plans and care passports which were used by health and social care professionals to support them in the way they needed.

- Relatives told us they were confident that staff understood people's health needs and had the skills to care for them effectively. One relative said, "They understand his medical needs and health problems, I'm confident they know how to do things."
- A health care professional who had regular involvement with one person told us, "Their health and physical needs are met to a good standard, and they have been free from infection since moving into the service."
- Staff spoke with confidence about people's health care needs and were knowledgeable about their conditions and how to recognise any changes. Documents showed that staff kept detailed records to support monitoring of health needs and people were supported to attend routine health care appointments regularly.

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

- People received support to eat and drink enough to maintain a balanced diet. Staff were consistent in their approach according to people's needs and preferences. For example, we observed a staff member showing a person two meals and explaining what was in each meal and the person was able to indicate their choice. Another person was able to tell staff when they wanted to eat or drink using objects of reference. A staff member explained how the person would bring a tin of food from their cupboard when they wanted to eat and we observed how staff supported the person when this happened.
- One person told us how they enjoyed shopping for their food and staff supported them with this and with preparing meals. People were eating most meals in their own flats and were supported to prepare their food. People could also choose to eat in the shared living room if they wanted to be with other people. A staff member explained how some people had specific needs including for gluten free food. This information was included in their care plan and we noted that staff were aware of the specific needs of the person they were supporting.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. A relative explained how staff supported someone with swallowing difficulties. They told us, "They like food and drink and the staff are really good at finding recipes for meals and snacks that fit their needs. They have swallow issues so need thickened drinks, the staff make a good effort to make sure they get some pleasure from their food and drink and that is appreciated."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, human rights and all restrictive interventions.
- Staff told us they were well supported and received the training and supervision they needed. One staff member said, "If we need to know anything we get support, for example with PEG feeds." Another staff member said, "Here we get first class support."
- The registered manager explained how induction arrangements were flexible for new staff depending on their skills, needs and experience. They explained, "The induction depends on how staff develop, if they need more than two weeks that's fine, they need to feel really confident and comfortable with what they are doing."
- We observed how staff appeared confident and relaxed with the people they were supporting. A relative told us staff were skilled and capable saying, "Nothing seems to phase them."

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

- Staff were patient and used appropriate styles of interaction with people. Staff described developing positive relationships with people over time. A staff member described the importance of making eye contact with one person who had difficulties with communication. We observed how staff were aware of subtle signs and movements when communicating with them and understood what this meant.
- Relatives told us staff treated people respectfully. One relative said, "They have a good quality of life, staff are very attentive to their needs and there has never been a sign of any issue."
- Staff members showed warmth and respect when interacting with people. One person showed signs of distress and a staff member reacted quickly to reassure and comfort them. The person became calmer and looked more relaxed, smiling and holding hands with the staff member. A staff member told us, "We all treat people the way we would want our loved ones treated."
- A relative spoke of the warmth shown by staff saying, "Staff bend over backwards, they care deeply."

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

- Staff took the time to understand people's individual communication styles and develop a rapport with them. We observed how staff supported people to make choices about their day to day care. For example, one staff member was checking with a person about what they wanted to do, they offered choices and then checked with the person that they had understood their response correctly.
- Staff supported people to maintain links with those that are important to them. Relatives described feeling well connected, with strong communication between themselves and staff members. One relative said, "They keep me absolutely informed, I don't have to chase like I used to, it's more reassuring."
- Staff told us how they involved people as much as possible in planning their care. One staff member described supporting a person to plan a holiday.
- Records showed that people and their relatives were involved in making decisions. One relative told us, "I feel included in plans, they give me the information I want to be sure he's ok."
- Staff described working with health care professionals to support the care planning process. One health care professional had known a person for a number of years and remained involved in their care. They told us, "The staff have always been good at communicating with me and have advocated for me to be a social contact."

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. People were encouraged to do as much as possible for themselves and care plans guided staff in how to support people. A staff member told us about one person's recent achievement, they spoke with pride about how

the person had gained a new skill and their care plan had been updated to reflect this. They said, "I'm proud of seeing people doing things and being happy. It's a great place to work, great staff team, very caring."

- Staff knew when people needed their space and privacy and respected this. One person told us they liked to spend time in their room. Staff demonstrated respect and sensitivity when offering support with personal care. People's privacy was respected, and staff were discreet when providing support. Care records provided assurance staff promoted dignity and privacy and the language used was professional and respectful.
- Staff treated people with respect and were consistently positive in their view of the people they were supporting. One staff member said, "I love working here, seeing people moving forward and having a good life." Another staff member explained how they enjoyed working with one person who had a great sense of humour. They told us, "When they are in a good mood it brightens your day." A third staff member said, "It's a great place to work, the care here is second to none and I love seeing the family so happy when they come in."

Is the service responsive?

Our findings

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

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

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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. Staff were knowledgeable about the individual plans that were in place and we observed how care mirrored the detail in support plans. For example, one person used sensory items and did not like to be without them. Staff were aware of this and consistently ensured the person had suitable items within their reach.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them. Care plans were well personalised to include details that were important to people, their preferred routines and guidance for staff in how to support people with things they found difficult. For example, one person was known to be anxious about attending medical appointments. Staff told us how they had followed a detailed plan and the person had received successful medical treatment that had improved their quality of life. A relative spoke highly of staff commitment saying, "Staff went into hospital, when he went in during COVID, they supported the hospital staff. I can't think of anything they could do better."
- 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. A relative told us they were included in the care planning and review process and said, "I'm very happy with the quality of his care and the communication from the provider. I can make suggestions if I want but they know what they are doing."
- A health care professional told us, "The staff have the best attitudes towards the people who live there - person-centred, flexible, caring and fun-loving." Staff knew people well and recognised their different personality traits. One staff member told us how they had got to know one person well, saying, "What gets them excited is mucking about and having a laugh and joke."

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 had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. We observed how staff used different communication techniques depending upon the needs of the person. One person used an electronic board to aid communication and staff spoke with pride about the person's skill and determination in using the tool. One staff member explained there were plans to adapt the electronic board to enable further independence, including them having control of lighting and music in their flat.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff knew people well and noticed small gestures, body language and subtle facial changes when communicating with people who were non-verbal. A relative told us they were impressed by staff communication skills saying, "They get how he communicates especially, they do understand him." A staff member told us, "You look for nods, winks, noises, gestures, movements of all kinds. Just do our best to bring choice into everyday situations and always look for indicators, they may be subtle."

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 participate in their chosen social and leisure interests on a regular basis. Staff described people's different interests and the things they enjoyed doing. One staff member spoke enthusiastically about a person's love of cars. They described a day out that they had planned with the person saying, "That was a great day, he loves motors and seeing the joy he got was amazing." We saw staff supporting the person to undertake checks on their own vehicle and explained that this was something the person enjoyed on a regular basis. We heard the staff member saying, "Ok you are in charge of the checks now," and saw the person smiling and taking the check list outside.
- Staff helped people to have freedom of choice and control over what they did. One person told us how they enjoyed going to the local park regularly, eating out and buying sweets at the local shop. During the inspection we saw them being supported to go out and they were smiling happily when they returned from the shop. People were asked if they wanted to join a music session and those that did were enthusiastically involved. People clearly enjoyed joining in with percussion instruments and singing. There was lots of laughter and people were very much engaged throughout the session.
- We observed how staff were offering people choices about what to do during the day, including when people showed signs of being tired or wanted some quiet time alone. One staff member said, "The people here like different things, some people get tired quickly and we need to be careful not to overdo it, nobody wants constant stimulation."
- People were supported to maintain relationships that were important to them with family, friends and the local community. A staff member told us about one person saying, "Their family is very important to them, they have lots of contact." They explained how they used a calendar so the person knew when he would next have contact with his family and this worked well. Two people were supported to visit their chosen place of worship and staff recognised the importance of this. We noted that this was also included within people's care plans.
- Relatives described people as having full and busy lives. One relative said, "They take him out, he gets lots of fresh air. He has pictures on his wall of being out." Another relative said, "They are always letting me know what they have been doing."

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 relative said, "I know where to go with any concerns." Another relative told us, "I'd have no issue going with any concern or complaint."
- 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.
- Staff described an open culture where they were encouraged to reflect on practice both individually and as a team. One staff member said, "We rarely get complaints but as a team we look at what we could do differently and learn from each other's practice."

End of life care and support

- People were supported to have care at the end of their life that supported their changing needs and

enabled a peaceful and dignified death.

- Staff spoke with pride about how they had cared for people at the end of their life. One staff member said, "It was so important to be able to keep them in their own home with familiar surroundings and staff who knew them well."
- Staff had worked with specialist palliative care professionals to ensure that people's symptoms and pain could be managed effectively and that equipment and medicines were available when the person needed them.
- Staff described how, where appropriate, relatives were supported to be involved, including with making decisions about the person's end of life care.
- The registered manager had received plaudits from health care professionals about the standard of end of life care that people had received.

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; 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

- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. Staff spoke consistently about the positive culture at the service. One staff member told us, "The different strengths of the team are good, we support and complement each other." Another spoke about the registered manager saying, "He is great. If there is a disagreement or difference of opinion between staff he listens to their points of view, gives feedback, doesn't get defensive and discusses how we are going to do what is best for the person."
- Relatives also spoke positively about the management of the service. One relative told us, "It seems well run, there is usually an air of calm." Another said, "The manager is good, and the area manager has been helpful."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff member told us, they felt valued by the provider, saying, "Yes, 100%. Managers encourage us and are approachable, they aren't stand-offish, we see area managers too." Another staff member told us, "All the managers are approachable and honest."
- The service apologised to people, and those important to them, when things went wrong. Staff understood their responsibility to act on the duty of candour. A staff member told us about a medicine error and explained how it was quickly discovered and appropriate actions were taken. They told us, "As soon as we realised what had happened we apologised to the person."

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- The registered manager also had good oversight of records that showed effective systems for monitoring quality. Audits identified any shortfalls and actions were taken to prevent a reoccurrence.
- The provider undertook regular quality monitoring audits, and this supported the registered manager to identify where improvements were needed. For example, a care plan audit identified some omitted information. This had been checked and updated following the audit to ensure that staff had all the information they needed.
- Relatives described a consistent approach and were happy with the care and support provided to people. One relative told us, "I am very satisfied with the service, when I take him out he's happy to come with me

but is very happy to be home, his face says "I live here"." Another relative said, "Care is absolutely excellent, he's had several providers over the years, and I can't fault this one."

- Staff delivered good quality support consistently. Staff understood their roles and responsibilities and spoke with pride about the care and support provided to people. One staff member said, "The team have a lot of warmth and it's very genuine. I wouldn't be in the job if I didn't care and it is a warm and loving team, like an extended family."
- The provider kept up-to-date with national policy to inform improvements to the service. The registered manager described effective communication with the provider and explained how this supported them to keep up with changes in policy.
- Staff described how learning was encouraged and supported. One staff member explained how staff reflected on their practice to make improvements. They told us, "We share things in the team and in staff meetings, we look at what might have happened and why."

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

- People, and those important to them, worked with managers and staff to develop and improve the service. Staff encouraged people and their relatives to be involved, for example, one relative described how their views were sought, saying, "They do ask me what I think of their plans."
- Staff described how people had been involved for example in decorating and personalising their flats. One person liked to visit the beach and had a beach scene painted on their wall. Another person had family photographs on display that were important to them.
- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improved their wellbeing. Records showed consistent contact with health and social care professionals including, occupational therapists, physiotherapists, Positive Behaviour Support team and opticians.
- One visiting health care professional told us they were impressed with the way that staff collaborated with other agencies to improve outcomes for people. They told us, "The staff have always been good at communicating with me, the person now has a valued, meaningful and engaging life at St Botolphs."