

# Look Ahead Care and Support Limited

## Lester Court

### Inspection report

27 Bruce Road  
London  
E3 3HN

Tel: 02034864226

Date of inspection visit:  
20 May 2021  
25 May 2021

Date of publication:  
23 July 2021

### 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

Lester Court is a supported living service that provides personal care for up to seven people with a learning disability and/or autistic people. At the time of the inspection seven people were living at the service.

People lived in their own flats, which included a kitchen, a living and dining area and their own bathroom. There was a communal kitchen and dining room on the ground floor, with access to a secure garden.

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

People and their relatives were positive about the open environment of the service and the caring attitude of the staff and management team. One relative said, "They are all very friendly. [Family member] is happy there and now has a place they can call their own."

People were encouraged to be part of their local community and staff supported them to local parks and amenities, including local day centres and areas of interest. People were also supported to be as independent as possible, which included support with cooking and understanding money management.

People were supported to manage their health conditions and staff worked closely with a range of health and social care professionals to provide advice and guidance. People were supported by staff who had a good understanding of their routines and behaviours and knew how to support them if they became distressed, anxious or upset.

People and their relatives were given opportunities to feedback about the service and the provider had put measures in place to address any issues and make improvements to people's care.

People were supported by a staff team who felt supported, appreciated and valued in their role, especially during challenging periods during the COVID-19 pandemic. Staff praised the registered manager and were confident they would take the appropriate action that was right for people and the staff team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

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 service was person centred and developed specifically for people from the local area who wished to return there to be closer to their families. There was a supportive transition process and people were supported to access their local community. The provider involved people in choosing preferences for their flats and got to meet new people who were planning to move into the service. The model of care was consistent with best practice which focused on people's human rights with positive behaviour support plans in place to help staff understand how to provide safe and person centred care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 12 August 2019 and this is the first inspection. It was scheduled to be inspected in August 2020 but was impacted by COVID-19.

#### Why we inspected

We carried out this inspection following a routine review of information we held about this service. Our intelligence indicated there may be a higher level of risk at this service due to the length of time it had been registered and not been inspected.

#### Follow up

We will continue to monitor information we receive about the service. If we receive any concerning information we may return to 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 safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Lester Court

## 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

This inspection was carried out by one inspector.

#### 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 a short period of notice for the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. Our planning took account of the information provided by the registered manager during an Emergency Support Framework (ESF) call on 10 June 2020. ESF calls helped us to give targeted local advice, guidance and support to providers and care staff using a structured framework to guide conversations and help them to respond to emerging issues, and to deliver safe care which protects people's human rights.

We reviewed information we had received about the service since they registered with us. This included any significant incidents that occurred at the service. We also contacted the local authority commissioning and safeguarding teams. We used all of this information to plan our inspection.

#### During the inspection

We met and had introductions with all seven people who used the service and spoke with three of them in more detail. Some people living at the service were not fully able to tell us their views and experiences so we carried out observations during the inspection where this was possible of how staff engaged with people. We also spoke with three relatives for their views on the service.

We spoke with seven staff members. This included the registered manager, an area manager, a team leader and four support workers.

We reviewed a range of records. This included four people's care and medicines records and four staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included incident reports, quality assurance checks and minutes of team and management meetings.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found between 26 May and 21 June 2021. We looked at further quality assurance records, training records, staff recruitment documents, an incident report and a range of policies and procedures. We provided feedback to the registered manager and area manager via a teleconference on 2 June 2021.

We also spoke with six health and social care professionals who had experience of working with people who used the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this 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

- There were appropriate safeguarding policies and procedures in place and staff were aware of the actions that needed to be taken if they had any concerns. When incidents occurred, the relevant authorities were notified with investigations completed and disciplinary processes being followed if necessary.
- Staff felt confident any concerns raised would be dealt with straight away. Safeguarding issues were regularly discussed during handovers and team meetings, with management meetings reviewing the status of any current incidents. Safeguarding scenarios were also discussed during the interview process.
- People were supported to understand safeguarding and how they could report any concerns, which was also discussed when they moved into the service. Safeguarding posters were also displayed around the service.
- People and their relatives felt the service provided a safe environment and also when people were being supported in the community. One person said, "I'm very happy here. They do come and check on me and they look after us."

Learning lessons when things go wrong

- There were procedures in place for reporting incidents and accidents, with regular reminders to staff during handovers about their responsibilities and when they needed to report any issues or concerns.
- We saw incidents were discussed across the staff team as a learning opportunity, with measures put in place to reduce the risk of repeat events. For example, the handover process was updated to ensure staff checked people had received their medicines and it had been recorded by the relevant staff member.
- Staff confirmed they discussed incidents and if they felt they could have managed the situation in a different way. One staff member said, "We have reflective practice via a debrief, highlighting areas the team need to work on." A health and social care professional told us they had been satisfied with the actions the provider had taken in response to a recent safeguarding incident and plans were now in place to reduce any repeat incidents.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and were reviewed if there were any changes. There were guidelines for staff to follow so they could support people safely, with detailed behaviour management plans in place.
- Where people displayed behaviour that challenged the service, the provider had worked with the relevant health and social care professionals to create positive behaviour support (PBS) plans. This highlighted possible early warning signs, triggers, coping strategies and what staff could do to try to reduce any anxiety, distress and agitation. There was also information about how to support a person after an incident to ensure they remained safe and calm.

- Staff confirmed they had time to read people's risk assessments and were given information and support to help understand how to manage people's behaviours, including when they supported them in the community. One staff member added, "The manager makes time for us to discuss people's PBS plans, if we have any issues or concerns about the support we provide." Samples of people's daily records showed staff regularly recording when they followed specific guidance to help manage any challenging situations.
- One relative said, "I know [family member] is safe as staff are aware of the possible risks. I have been with them when staff have supported them in the community and they do understand how to keep them safe."

### Staffing and recruitment

- Sufficient levels of staff were deployed across the service to ensure people's needs were met. Some people were supported on a one-to-one or two-to-one basis, depending on their needs and we observed this during the inspection. The provider had access to bank staff and agency staff to cover sickness and absences.
- Staff confirmed that staffing levels were accurate for the support people needed and explained how absences were covered. One staff member told us the registered manager and team leader would also be available to help out if needed. They added, "Staff rally together to make sure people are supported if staff call in sick. They are always willing to jump in and help out."
- The registered manager told us agency staff was still being used to cover vacancies and periods of staff sickness, but recruitment had been ongoing throughout the pandemic. Newly appointed staff were going through their recruitment checks at the time of the inspection.
- Where people needed one to one support, staff confirmed handover procedures were facilitated in the person's flat to ensure they were not left alone. One staff member said, "We are both accountable for this and to share important information about how the person has been."
- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. The provider had a dedicated human resources team based at their head office who worked with scheme managers during the recruitment process. This ensured appropriate checks for staff had been completed, which included photographic proof of identity, right to work documents, criminal records checks and references.

### Using medicines safely

- There were procedures in place to ensure people received their medicines safely. Staff had medicines training and completed competency assessments, which included observations before supporting people. Staff told us the training they received gave them enough information and confidence to support people safely.
- Daily checks during morning and afternoon handovers ensured that people had received their medicines and the appropriate records had been completed accurately. Staff told us this had helped to minimise medicines errors in the service.
- Samples of medicine administration records (MARs) for three people had been completed correctly and incident reports were completed if any errors were picked up. We saw any concerns with the recording of medicines were discussed with staff. A recent staff meeting discussed the medicines procedures and reminded staff what their responsibilities were, which included how to correctly complete people's MARs.

### Preventing and controlling infection

- The provider had an updated infection and prevention control (IPC) policy and COVID-19 policy in place which was regularly discussed at team and management meetings. Recent meetings showed current guidelines around visiting were discussed and staff ensured all COVID-19 risk assessments had been reviewed and updated.
- Staff confirmed important reminders and government guidance were discussed regularly across the team, during handovers and in team meetings. Staff also completed refresher training in IPC and the use of



personal protective equipment (PPE). This ensured staff knew how to keep people and themselves safe and reduce any risk of COVID-19.

- Staff were positive about the support from the management team since the COVID-19 pandemic started in February 2020 and told us they always had access to sufficient supplies of PPE and were involved in the weekly COVID-19 testing programme. One staff member said "They did keep us updated and I feel they did their best and were on top of everything."
- Staff were observed to be wearing appropriate PPE during the inspection and had a good understanding of IPC guidelines. One person told us they were supported to get the COVID-19 vaccine, which helped them to keep safe. One relative said, "When I visit, we meet in the reception, they have their masks on, they take my temperature and I have to complete a form."
- Staff also supported people to help them understand the restrictions in place due to COVID-19. This included easy read information and discussions about what COVID-19 was and how people could stay safe.

# 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 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 assessed before they started using the service. We saw the provider worked very closely with a range of health and social care professionals who were involved in people's care. This included clinical psychologists, speech and language therapists (SALT) and social workers from the community learning disability services (CLDS).
- People's PBS plans had been developed in line with The National Institute for Health and Care Excellence (NICE) guidance on learning disabilities and behaviours that challenge. The provider also worked closely with NHS Clinical Commissioning Groups (CCG) who had shared people's personalised care programmes.
- Staff had also completed accredited training to ensure they were aware of safe techniques and best practice when responding to any behaviour that challenged the service. A health and social care professional said, "Their support is being constantly reviewed to ensure their needs are fully met and that they get a good quality of life whilst residing at Lester Court."

Staff support: induction, training, skills and experience

- People were supported by staff who completed an induction and training programme before they started to work with them. The team leader told us new staff also had opportunities to shadow people being supported before they worked independently with them.
- The provider's induction and training programme covered key topics such as safeguarding, medicines, emergency first aid and reviewing a range of company policies and procedures. The registered manager acknowledged some face to face training had been impacted due to COVID-19 but confirmed some courses were being rescheduled as some restrictions had been lifted.
- Staff also had access to more specialist training courses specific to people's needs, which included learning disability awareness, psychosis, PBS and breakaway training to support behaviour that challenged the service.
- Health and social care professionals confirmed they were involved in providing specialist training to help staff support people's more complex needs. One health and social care professional told us despite the challenges of the service, staff worked well with people and had managed to keep them out of hospital.
- Staff were positive about the training they received and had further support through supervision meetings. Comments included, "Look Ahead, as an organisation, have provided good training and the face to face stuff has been really good" and "It is nice to feel listened to in my supervision. I was over the moon with how [registered manager] spoke to me."

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

- People were supported to eat and drink if this was part of their agreed care. People's care plans showed

the level of support that was required and included people's preferences, nutritional risks and any cultural requirements. One person's care plan gave reminders for staff to always offer opportunities to involve them, either participating or by observing.

- Staff were aware of the support people needed and samples of daily records confirmed the level of support that was provided. We saw one person was supported to be fully involved in preparing a traditional Caribbean lunch. Staff supported the person to shop to buy the ingredients and took pictures to show the different steps of making the meal.
- Comments from people included, "I get help with shopping and doing my cooking. I get to choose what I want" and "I do my own cooking but they can come and check on me. I also go out and get takeaways from up the road."
- Where one relative had raised issues with the level of support they felt was being provided, we saw the provider had followed this up and put plans in place to ensure staff documented more clearly the food choices their family member was supported with.

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

- Staff were responsible for monitoring people's health and wellbeing and reported any concerns or changes in health to the relevant health and social care professionals. Staff completed behaviour charts and daily records of people's moods and discussed any changes in people's health or behaviours during daily handovers.
- We saw a range of health and social care professionals were involved in people's care and support. One person was referred to the psychologist when they moved in. Another person was supported to have virtual meetings with health and social care professionals during lockdown. Staff had also sought advice for coping strategies to help manage a person when they became anxious and distressed.
- We saw one health and social care professional was taking the lead with reviewing one person's PBS plan, where staff had reported recent incidents of distress and agitation. Staff shared their concerns and requested advice to follow best practice to help deescalate challenging situations.
- People told us they were supported to manage their healthcare appointments and relatives confirmed they would be kept updated. One person said, "They make appointments for me with the dentist and my GP." A relative said, "The staff are involved in meetings with the psychiatrist and always update us. They inform me if they have to take them to the GP."

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.

- The provider had worked with the relevant health and social care professionals when applications were made to deprive people of their liberty. Applications were still being processed by the authorising body and

the registered manager had followed this up for an update to ensure people's rights were being protected.

- The provider followed best practice in how they recorded people's consent to the care and treatment they received. Capacity assessments and best interests' meetings had taken place where people lacked capacity. This included meetings for COVID-19 testing and vaccinations.
- Staff completed MCA training and had a good understanding of ensuring they involved people in their care and had best interests meetings where needed. One staff member said, "I found the training very educating by understanding that people should not be assumed to lack capacity to make decisions and they should be given all support and opportunities available for them to be able to make decisions. Furthermore, if decisions were to be made for people, the least restrictive option must always be considered."

# 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 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

- Where we had the opportunity to observe interactions during the inspection, people were comfortable in the presence of staff and there was a relaxed atmosphere. Where one person became anxious, staff were able to respond appropriately to help reassure them and calm them down.
- People spoke positively about the kind and caring nature of the staff team and felt comfortable speaking with them. Comments included, "The staff are really good, they are very friendly with me and look after us" and "They are friendly, they are kind to me and they listen, they take their time with me."
- Relatives were also positive about the caring nature of the staff team. One relative said, "They know them very well and have a good relationship with the staff. We have seen the good rapport. They are very patient." Another relative told us their family member had a very positive relationship with their support worker. They added, "They've taken time to understand, they are very close, like a brotherly relationship."
- Staff understood the importance of building positive relationships to help support people, especially where some people had limited communication skills. One support worker said, "Although [person] can't speak, I have learnt how to communicate and I know they can understand me. I have to have it constantly in my mind that I need to engage and make sure they understand."

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

- People and their relatives confirmed they were involved in making decisions about their care and support. Where people were unable to fully communicate verbally, there were guidelines for staff to help them make decisions about what they wanted to do, such as what to eat or to go out for a walk.
- One person said, "I get choices with what I do, the posters on my wall, helping to order stuff online and if I want a takeaway." A relative told us they were very happy with how the staff team had involved their family member when they first moved in. They added, "Staff made sure they got [family member's] input, based everything around them. We were happy about that."
- A health and social care professional told us they felt the staff and management team worked very hard to ensure a person was supported to be involved in their care, despite being unable to fully communicate or offer input during any reviews.

Respecting and promoting people's privacy, dignity and independence

- We observed positive interactions during the inspection. Staff knocked on people's doors to announce their presence and also asked people if they wanted to speak with us. One relative said, "They know when to give [family member] personal space. There are times when they like to chill and staff respect this and know when to do this."
- Staff had a good understanding of the importance of respecting people's privacy and dignity and

encouraging their independence. One staff member said, "As a team, we are encouraged to ensure people are always treated in a dignified manner and care is given in a way that ensures their choices, preferences and values are respected."

- Staff also spoke about people in a respectful and dignified manner, especially when discussing sensitive issues and episodes of behaviour that challenged the service. Staff spoke positively about people's abilities and did not reflect on the challenges of some of the complex health conditions. Staff also had the opportunity to share and discuss best practice during daily handovers and team meetings, with reminders about staff respecting people and each other.

# 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 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

- There was a detailed transition process in place before people moved in to ensure staff were aware of people's needs and people felt comfortable moving into a new home. People were supported initially with short visits to meet staff and other people living in the service, building up to longer visits and overnight stays. This helped staff have a better understanding of people's needs.
- One relative spoke positively about this process. They said, "It was not rushed and the staff interacted very well. They have got to know [family member], are aware of their anxieties and understand them. They are very happy there."
- People had personalised care plans, with detailed information about their lives, what was important to them, their goals, what staff needed to be aware of and how staff could help keep them safe. They had been developed with people and those who knew them well to help staff get the best picture of how people liked to be supported.
- Staff had a good understanding about people's routines, behaviours and how they needed to respond if they became distressed, upset or anxious. Staff discussed people's support during keywork sessions, handovers and team meetings. One staff member said they were reminded people should always have choice and be involved in key decisions about their lives.
- The registered manager also shared two videos with us created by the provider's communications department which highlighted success stories of two people who had moved into the service. It showed the positive impact of their placement and what they had been supported to achieve. We spoke with both people who were very positive about their care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and staff had a good understanding of how to meet their needs, with clear guidelines and tips for staff to follow. Easy read documents were made available to people to help their understanding, including an easy read welcome pack about the service, customer surveys and information related to COVID-19.
- Where people had limited communication skills, staff could explain how they used objects of reference, picture cards and understood people's gestures, body language and noises to help them understand what they wanted or what support was needed.

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 be part of their local community and were encouraged to access local day centres, local groups and take part in activities to improve their health and wellbeing.
- One person told us they had a part time job, was a member of walking group and had been supported to get a freedom pass so they could travel on public transport. Another person had been supported to get a car through a government scheme which enabled them to access the community as car journeys helped to reduce any distress or agitation. We saw a photo of the car displayed in the person's flat as this was a way to help communicate when they wanted to go out.
- For another person, where the COVID-19 pandemic had resulted in day centres being closed, they were supported to buy arts and craft items and they showed us this in their flat. A health and social care professional told us the restrictions had been a challenge as people became frustrated but felt the staff team managed this well and did the best they could to support people at home.
- The provider supported people's religious and cultural needs. One person was supported to the mosque. A relative said, "Their keyworker can speak our language, is aware of their cultural preferences and helps them to pray at home." We also saw people's birthdays were celebrated across the service.
- People were supported to maintain relationships with their family. The model for Lester Court was to ensure people from the local community who were living outside of the borough could move back home to be closer to their family. One person said, "My last placement broke down and I was far away. I can now see my family and I'm very happy."
- Comments from relatives included, "I'm just so happy they are back in Tower Hamlets" and "This was the most important factor, we are now all so close. It has had such a positive effect for all the family. It is hard to describe how much this meant to us."

Improving care quality in response to complaints or concerns

- There was an accessible complaints policy in place and complaints that had gone through the formal process had been followed up appropriately with action plans in place to resolve the issue. People were regularly asked if they had any issues or concerns and who they could contact if needed.
- We saw improvements had been made in how staff recorded information for one person and how this was shared with the person's relatives. The registered manager said they felt the changes they made had helped to improve trust and build a better relationship. We spoke with this relative who confirmed they knew who to contact and was pleased they had been given a direct number for a member of the senior management team if they had any concerns.
- People we spoke with told us they did not have any concerns or complaints about the service and felt comfortable approaching the staff team. One health and social care professional also praised the staff for how they worked closely with people and their families to ensure any issues were dealt with.

End of life care and support

- People were not being supported with end of life care at the time of the inspection. The registered manager worked very closely with a range of health and social care professionals and had regular reviews which gave people and their relatives the opportunity to discuss any future wishes.



# Is the service well-led?

## Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- The registered manager had a good understanding of their responsibilities regarding notifiable incidents and knew when notifications had to be submitted. There was further oversight with incidents and safeguarding concerns discussed at monthly management meetings.
- Samples of area manager meeting minutes showed quality assurance processes were discussed across services and managers were aware of risks within their services and what needed to be reported to ensure they met regulatory requirements.
- The registered manager also had regular check-ins with team leaders to ensure duties were being completed and performances were managed. Staff completed daily handovers that discussed each person and were given reminders about their key responsibilities and what tasks needed to be completed.
- Health and social care professionals were positive about the management of the service despite some of the challenges they faced. One said, "I would happily place someone there. If there were vacancies they would easily get snapped up."

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

- People told us they were happy living at the home. Comments included, "It's perfect. I've made friends and I get to see my family. They tell us what's going on and ask us how we feel" and "It's much better here, I can make friends, I get choices and go out in the local community."
- Relatives were also positive about the culture of the service and the benefits of having their family members living in the local area. Comments included, "I do feel it has had a positive impact since they moved in. The last place was like a prison. When I visit, they are happier, smiling and just feels more at home" and "It's a good open environment. I've got a good relationship with staff and they do always listen, take things on board, which is really helpful."
- Staff were confident with the support they received from the registered manager and told us there was a supportive working environment. Comments included, "The manager is transparent and welcomes ideas from myself and the staff team" and "He's a fantastic manager, nice and fair and I enjoy working under him."
- One staff member told us working with some of the behaviour that challenged the service could take its toll emotionally and could create stressful environments. They added, "However, [registered manager] is aware of this, is very empathetic and gets involved to help us and is very much involved with our clients."

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

## characteristics

- The provider sought people's and their relative's views about the care and support received through monthly updates, regular reviews and key working sessions. We also saw samples of easy read satisfaction surveys.
- Where one person was waiting for an appropriate allocated keyworker, interim arrangements were in place where the person had daily meetings with the registered manager to discuss how they were and to provide any emotional support if needed.
- The registered manager had introduced reflective practice sessions with staff to highlight their hard work, dedication and achievements. They added, "As a team, we have tried to celebrate the positives as much as we can and acknowledge and appreciate the efforts the staff have put in."
- Staff were positive about the support they received and felt their hard work was appreciated. Comments included, "The manager likes to encourage staff to work well together and I believe we will continue to grow and improve" and "I feel like a valued member of the team and appreciated for the good things I have done."
- Another staff member told us during the pandemic the senior management team checked on staff welfare and provided reassurance. They added, "It was encouraging to receive these messages as it shows they care."

## Continuous learning and improving care

- There were systems in place to monitor the service and ensure people were receiving a good standard of care. Regular team and management meetings discussed areas which included people's care records, key working sessions and standards of living.
- A range of audits were completed to help identify any areas of improvement. This included daily checks of people's medicines and finance records and health and safety checks. The provider also carried out internal quality assurance visits to monitor the service which highlighted best practice and areas of improvement.
- Incidents were discussed across the staff team to see if any actions or improvements could be made to help deal with any future repeat events. This included input from health and social professionals to provide support and guidance in managing people's complex conditions.
- One staff member felt there had been improvements made within the service and complimented the senior management team for how they had listened to some issues they had. They added, "The biggest impact is the improvement in compliance and having regular checks in place. It has had a lasting effect."

## Working in partnership with others

- The registered manager and staff team worked closely with a range of health and social care professionals to seek advice and guidance related to people's health and wellbeing. Comments from professionals included, "I would praise the patience of the staff. [Person] is in a good place" and "I've worked with them from the start and despite the challenges, they have really embraced making friendships and communication has been excellent."
- We saw an example of partnership working where the staff team worked closely with a psychiatrist and hospital team regarding an incident. A debrief session discussed advice about specific language to use or avoid to help reduce distressed behaviours.
- The provider worked with local day centres and local organisations. Where day centres were closed during lockdown, people were still supported to stay in touch with staff and accessed virtual events and online activity sessions.
- Only one health and social care professional told us they felt improvements could be made with levels of communication and being updated on a more regular basis.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities of making sure they were open and honest with people and their relatives. We saw relatives were copied into correspondence with health and social care professionals regarding any concerns or incidents that occurred at the service. The registered manager said, "Being as honest and open as possible is key to improving relationships as it gives more reassurance."
- One health and social care professional confirmed this and said it had helped to try to improve relationships with relatives and develop trust. They added, "I appreciate what they are doing and feel they are doing their best to manage this."