Dimensions Somerset Sev Limited

Dimensions Somerset Taunton Domiciliary Care Office

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Dimensions Somerset Taunton Domiciliary Care Office provides care and support to people with learning disabilities and autistic people who live in their own homes. It is registered to provide personal care. At the time of the inspection the service was providing personal care to 28 people. Some people lived in their own home; other people housed shared. Where staff slept in to ensure people were safe overnight, they had a private space to do so in a spare bedroom.

In 'supported living' settings 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.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

Right Support
People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff focused on people's strengths and promoted what they could do, so people had fulfilling and meaningful lives. People were supported by staff to pursue their interests and hobbies.

Staff enabled people to access specialist health and social care support in the community.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care
Staff spoke respectfully about people and treated them with compassion. Staff respected people's privacy and dignity. They understood and responded to people's individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other

agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's care and support plans reflected their range of needs and this promoted their wellbeing.

People led busy lives and pursued interests which were tailored to them. The service gave people opportunities to try new things; this enhanced and enriched their lives.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take risks.

Right culture
There was a clear ethos for the service. Staff knew and understood people and were responsive, supporting their aspirations to live a quality life of their choosing.

People received good quality care and support because trained staff and other specialists could meet their needs and wishes.

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 people received compassionate care that was tailored to their needs.

The provider evaluated the quality of support provided to people, involving the person, their relatives and other professionals as appropriate.

There was an emphasis on improving people's services wherever possible. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 24 September 2021 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Dimensions Somerset Taunton Domiciliary Care Office

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 one inspector 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 'supported living' settings, their own homes and flats, so that they can live as independently as possible. In 'supported living' settings, 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were three registered managers in post. A fourth manager was also in the

process of registering with us. We have therefore used the term 'managers' to describe both registered and unregistered managers in this report.

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 managers would be in the office to support the inspection.

Inspection activity started on 18 November 2022 and ended on 13 December 2022. We visited the location's office on 2 December 2022.

What we did before the inspection
Before the inspection we reviewed all of the information we held about the service, including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection
We met with three managers (two registered managers and one awaiting registration), one assistant manager (deputising for another registered manager) and with the area operational director at the office base. We visited three homes (where a total of 15 people lived) and had telephone calls with the relatives of nine people. We looked at records related to the care and support of five people. We spoke with seven members of staff, two registered managers, one assistant manager and the provider's performance coach (who was supporting one recently appointed manager).

After the inspection
We continued to seek clarification from the provider to validate evidence found. The operations director sent us records relating to the management of the service including quality audits, service improvement plans, health and safety meeting minutes, staff meeting minutes, staff training records, staff survey results and examples of correspondence and information about services sent to family members.

Good

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 who could express a view said they felt safe. Some people did not use speech to communicate. Staff understood how these people communicated and knew how people would show if they were upset or distressed.
• Relatives had no concerns about safety; they told us staff kept their family members safe. One relative said, "Yes absolutely, staff keep [name] safe." Another relative told us, "Yes, [name's] safe; there are two or three particular carers there who are attached to [name]."
• 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.
• Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us each person's home was a safe place to live and work in; no staff raised any concerns about people's safety with us. One staff member said, "I do think it is a safe place to live. I've asked [name of the person being supported] before if she is happy and she has said yes, she is."

Assessing risk, safety monitoring and management
• Risks to people and to staff were assessed and plans put in place to reduce or eliminate risks where possible.
• People had as much freedom, choice and control over their life as possible because staff managed risks to minimise restrictions.
• Risks to people's health had been considered and planned for. For example, for people with certain health conditions plans were in place to ensure their safety whilst they used the bath as they would be at risk if they lost consciousness.
• Environmental risks to people were minimised because an appropriate risk assessment had been carried out, to help to keep people and staff safe in each home.

Staffing and recruitment
• The service had experienced the national care sector challenges in both recruiting and retaining care staff. Relatives often commented about staff changes and the use of agency staff which occasionally caused them some concern. However, they did acknowledge the provider did all they could to ensure people received the support they needed from familiar staff. One relative told us, "[Staffing is] really difficult. They have to call agency in but they're all nice, all of them. Some of the agency are regulars anyway."
• The provider had their own relief staff and used agency staff when necessary. They 'block booked' agency staff to ensure consistency for people. There had been a real focus on building people's staff teams, particularly over the last 12 months. Recruitment had improved, including being able to permanently recruit staff who had previously been supplied by an agency.

• Staff recruitment and induction training processes promoted safety, including the checks and induction for agency staff. The recruitment processes involved people wherever possible.

Using medicines safely
• People were supported by staff who followed systems and processes to administer, record and store medicines safely. Two people showed us their medicine records and the safe place they had to keep their medicines. Both said they received their medicines from staff at the right time and understood why they took them.
• Relatives told us their family members were well supported with the medicines they needed. One relative said, "No, no concerns about [name's] medicines, none at all. We always have to sign for the meds when he's home [visiting us]; it's all done correctly." Another relative told us, "[Staff] encourage [name's] independence. [Name's] meds are given to him to take himself and yes, they [staff], observe him."
• If medicines were prescribed 'when required' there were protocols in place to guide staff when it would be appropriate to give a dose. One relative told us, "[Name] has an emergency protocol in place for use of [one medicine] and this is always in her bag [so staff can refer to it at any time]."
• 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. One relative said, "[Name] has regular check-ups and if they change the meds, they let me know."
• Staff received training in how to give medicines safely and their competence was checked.

Preventing and controlling infection
• Staff supported people to follow all of the current guidance related to infection control. For example, one person we visited explained we would need to wear a face mask (which they kindly provided) and showed us where we were to wash and sanitise our hands. They told us how important this was in keeping people safe and why.
• The service used effective infection, prevention and control measures to keep people safe. Staff wore appropriate PPE and helped people keep their homes clean; each home we visited was clean and tidy. One relative said, "It was a difficult time for [name] during COVID but they [staff] managed COVID very well."
• The provider ensured their infection control policy had been kept up to date and that staff and people had appropriate guidance and information.

Learning lessons when things go wrong
• People received safe care because staff learned from any accidents, incidents or 'near misses'; this learning was shared both within the service and across the organisation.
• The service managed incidents involving people's safety well. Staff reported them appropriately; managers investigated each occurrence and shared any lessons learned.
• When things went wrong, staff gave people and their families honest information. One relative said, "There had been an incident involving [name] when out walking and yes they [staff] let me know straight away. I am satisfied that the incident was managed well."
• The organisation had a learning culture which included a commitment to 'never events'. These were events where a person could be seriously harmed or die due to a failure in their support. Staff understood the nature of these events and the systems in place to ensure people were protected.

Good

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 an assessment of people's needs before they started to provide care and support. This assessment included the views and life history of the person. Their family and others, such as friends or health and care professionals who knew the person well, were also included in this process. Care and support plans were then developed from this assessment.
• People's care and support plans were personalised. They included people's physical, emotional and mental health needs and their aspirations. People, those important to them and staff reviewed these plans.
• Care reviews were individually planned and carried out in a way which enabled the person to contribute. One relative said, "There is an annual review and they invite us. We're happy." One manager told us, "With person centred reviews, we are getting people much more involved. We are taking pictures and videos so people can really be involved and contribute at their review."

Staff support: induction, training, skills and experience
• People were supported by staff who had received relevant training. 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 and all restrictive interventions. Specific training was provided to staff who lone work to ensure their welfare and safety. A relative told us, ''Staff were quick to be trained in managing [their family member's particular health condition]. Yes, they had an initial session before [name] arrived, then they [staff] all went to be trained."
• Staff were supported with a full induction when they first started working at the service. One member of staff told us, ''The induction was good. I did two weeks on line training at home and did a week's shadowing experienced staff. I felt confident after that."
• Staff received support in the form of continual supervision, appraisal and recognition of good practice. A member of staff told us, ''We have regular supervisions; it's really good. It's a good opportunity to say what you need to say and to learn. I've never had that in any job I've had before."

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. People were involved in choosing their food, shopping, and planning their meals. People were encouraged and supported to be independent as they could be. Staff provided guidance with menu planning and healthy eating.
• A person told us, ''We all choose what we have to eat and drink. Staff help us to decide. I go out for meals and for a coffee as well. We have a roast dinner on Sundays." Another person "loved coffee" so staff had supported them to buy a coffee machine which they could use safely and independently.
• If people needed additional support with their diet, this was provided. One person had chosen to join a

local weight loss group. This had helped them to lose weight and make new friends.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People had health plans which were used to support them in the way they needed. People played an active role in maintaining their own health and wellbeing; this was supported by staff.
• Staff were proactive in supporting people to attend health checks and other appointments.
• People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One relative said, "I am very pleased [name] gets everything he needs. He sees a consultant on a regular basis for [a health condition]; there's a review once a year and he's recently seen 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 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.

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.

• People had capacity to make lots of their day-to-day decisions. We found staff practice reflected the principles of the MCA. People were encouraged and supported to make their own decisions, to make choices and have a lifestyle which suited them, while still minimising risk.
• Care and support plans explained how people made decisions, particularly if people did not use speech as their main form of communication. When people were assessed as lacking mental capacity to make a decision, staff clearly recorded how a best interest decision had been made and who had been involved. Plans also noted people with capacity would still need support even though they might make decisions which may be unwise.
• People who needed additional restrictions as part of their support to make sure they were safe (generally known as 'DoLS') had their legal rights respected. Staff liaised with the relevant authority who then applied to the Court of Protection in line with the MCA.
• Relative's knowledge of this aspect of care was very limited. One relative said their family member, "[Name] lacks capacity and does not hold a DoLs I don't think? I am unsure and unsure what a DoLs is." This issue was discussed with the provider's operations director during the inspection. They explained they have sent clear information about DoLS to families before but agreed it would be sensible to make sure relatives had this information again as well as if this applied to their family member.

Good

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 said they were supported by staff who were kind and respectful. One person told us, "I am very happy living here and I love my keyworker (a staff member)." Another person said, "All of the staff here are lovely to me."
• Relatives commented on the kindness and caring nature of staff. One relative said, "They (staff) always treat [name] with kindness and respect." Another told us, "All the staff are superb and very caring."
• People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
• Staff were focused and attentive to people's emotions and support needs. For example, one person had two set times each day where he sat with a staff member to talk about anything which was worrying them; they often worried about things which had happened in the past. This approach had been devised by a behaviour specialist specially for them. Staff told us this had helped the person to be "much happier and calmer." They appeared happy, relaxed and talkative when we met them.
• Staff were able to tell us about people's preferences and how they liked to be supported. This was particularly important to some people. One relative said, "[Name] has good routines, some things have to be just right. Familiar faces and routines are very important."

Supporting people to express their views and be involved in making decisions about their care
• People and those important to them, took part in making decisions and planning their care. Two people showed us their care and support plans and talked us through them. One person said, "I tell the staff what I want in my care plan. I agree with what is in there."
• Relatives said they felt listened to and that their family member's views were respected. One relative told us, "[Name] will let you know if he likes or wants something or not but there is no speech. We [the family] recognise the signals and so do the staff, they spend so much time with him, they know his ways."
• Staff and managers of each service worked closely with people and their relatives to ensure care was tailored to match people's needs.

Respecting and promoting people's privacy, dignity and independence
• Staff treated people with dignity and respect and respected their privacy. People greeted us during our visits; staff encouraged them to show us their home and talk about their care if they were able and wanted to. One person who greeted us showed us what visitors to their home needed to do, such as putting on a face mask. They showed us around their home and told us, "People have to ask if they want to go into your room; if you say no, they don't go in."
• People had the opportunity to develop and gain independence. Some people were very independent in their home and went out without needing any staff support. Other people needed higher levels of support,

but staff encouraged people to do as much for themselves as they could. One relative said, "[Name] is supported to be as independent as possible." Another relative told us, "They [staff] always encourage his independence. He has one keyworker (a staff member) who spends a lot of time with him."
• The service ensured people's confidentiality was always respected. Records were kept securely. People had a safe place to keep their care records; three people showed us where their records were kept and were happy with the arrangements.

Good

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; 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

• Staff provided people with personalised, proactive and co-ordinated support in line with their care and support plans. People's plans contained information about their needs, their healthcare, how they communicated, their likes and dislikes, any routines they had and the people who were important in their lives. One person said, "I like to get up at about 7am. I tell the staff when I am ready for my tablets. I go to the day centre three days a week. I go to church every Sunday. It is all in my file."

• Peoples' care was reviewed regularly, and people had the opportunity to shape the service they received. Staff told us they regularly amend or update people's care and support plans as and when required. The provider's auditing system also checked if care and support plans were up to date. Relatives were often involved in reviews and in care planning. One relative said, "[Name] is due for a review. Yes, I am happy with [name's] care plan; we're totally happy."

• People were supported by staff who knew them and how they liked to be supported. People led busy lives; they had a lifestyle which suited them. Support was organised so people could go out for regular events, such as attending a day service of their choosing, but also do things they wanted to do on a more 'ad hoc' basis. Some people's staffing rotas had been changed to accommodate this.

• People told us about the things they enjoyed doing. This included attending various social and sporting events and clubs, going to the pub, bowling, the cinema, seeing friends and family, trips out, going shopping and going on holiday. Where people had particular interests, staff supported them. One person's hobby was on-line gaming so went to a gaming group where they had made new friends who shared their interests. Another person "loved trains" so they often went for days out travelling by train. They were going out to the hairdresser after we visited them as they were going to a disco that evening.

• Relatives told us people were well supported to do the things they wished to do. One relative said, "[Name] enjoys ten bin bowling and swimming once a week; he has a season ticket to Longleat as well." Another relative told us, "[Name] has a timetable, he has one day at home (to do his laundry, clean his room and do some shopping), he goes walking and he visits home (the family home) every other weekend."

• People who shared accommodation had often formed friendships with each other and chose to do some things together. One person told us, "We often go out together. We are friends." Another person had their neighbour visit every Sunday and they had dinner together. One relative said, "[Name] shares the home with four other residents and that they are all compatible with one another. He gets on with them and also had a holiday [with a housemate]; they went to Centre Parcs."

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's communication needs had generally been assessed; where a formal assessment had not been completed or could not be located a new assessment had been requested. Staff had the information they needed to communicate effectively with people. People communicated in a variety of ways including speech, pictures, photos, gestures, body language and sign language. One person used sign language to tell us about their family and their plans for Christmas. We saw staff were confident in using sign language with them.
• People's care and support plans were written in plain English, but people also used other methods to show the care they needed or the things they enjoyed. One person used a tablet computer; this had lots of photos of them at home cooking, baking, making drinks and when friends had visited them. There were also photos of various trips they had been on supported by staff. There were plans to use more technology to help people communicate. For example, there was a plan to use videos to help people become more involved in their review meetings.
• Relatives told us their family members were able to communicate well with staff. One relative said, "[Name] is capable of a few words, but since he's been at [name of one home] he's actually speaking more." Another relative told us, "When [name] is upset, sometimes he cries, so they [staff] know to face time me. I talk to him and he's fine."

Improving care quality in response to complaints or concerns
• The provider had a policy on how to manage and record complaints. This was shared with people, those close to them and with health and social care professionals who supported people.
• People and those important to them could raise concerns and complaints easily and staff supported them to do so. Each person we visited were happy with the care and support they received and with the service more generally. Whilst people had not formally complained, when they had been unhappy about something (the décor in their home for example), staff had helped them work with the landlord to improve things.
• Relatives confirmed they were aware of the procedure; none had ever needed to make a complaint. One relative told us, "I'm very involved with [name's] care. If I had worries I see the staff or I would call the CQC. I have no qualms at the moment, I am quite happy." Another relative said, "It wasn't a complaint but I was concerned that the radiators in [name's] room were old. I told them they're old, so they [staff] got some electric heaters and installed them."

End of life care and support
• The service was not supporting anyone with end of life care at the time of the inspection, but one person had this type of support earlier this year. The manager of this particular service told us the person chose to be cared for at home and their wishes were followed. Staff worked closely with the person's GP, the local hospice and the district nursing team to provide the care which was needed. The manager had also helped organise the funeral. Five people who lived with this person attended their funeral; this was part of the ongoing support provided by staff to help them cope with loss.
• There was limited information in some care and support plans relating to people's end of life wishes. It was acknowledged this was often a very difficult, sensitive subject to discuss with people and those close to them. However, staff were actively working to obtain and include more detail about people's wishes so these could be added to their plan.

Good

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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

• Dimensions Somerset Taunton Domiciliary Care Office was registered to ensure more local, closer management and oversight of a smaller number of people's services as the provider's services had grown overall.

• The service's managers and the operations director shared a clear ethos for the service; to provide good quality person centred support for people with a diverse range of support needs and lifestyles.

• Each person we spoke with were happy with their service. Good community links had been built and people were encouraged and supported to live as part of their community. Relatives were happy with the care and support their family member received. One relative said, "They're brilliant, [name] has very, very good care" and another told us, "We are generally happy. It's a great little place, very homely."

• People and their relatives all spoke highly of the management teams in each of the services, including assistant managers. Comments included: "I like [name of the manager]; she is very nice", "For day to day communication it's a chap called [name], he's the deputy; he's got his finger on the pulse" and "A chap called [name], he's really good, we [the family] can always call and communicate with him."

• The operations director and managers explained the journey each of the individual services had been on during the last 12 months and how they continued to develop and improve each service. They had worked hard to improve the culture in some of the services, the approach of certain members of staff and to build and develop staff teams. One staff member told us, "The biggest issue here was the cultural change needed; we did a team dynamics day to help us with cultural change." This had been successful and it was felt each person's service was now moving forward with confidence.

• The service apologised to the person, and those important to them, if and when things went wrong. Staff gave honest information and suitable support and had applied the duty of candour where appropriate.

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

• Staff told us they felt valued and listened to by their managers. We saw that staff had supervision and support appropriate for their job roles.

• There were effective quality assurance systems in place. These included surveys, comprehensive quality reviews undertaken by the provider, internal reviews carried out by each manager and visits and oversight carried out by the operations director. These quality assurance systems helped create an open, improvement based, supportive culture. There was an honesty and openness about the quality of each service and things which needed to improve.

•The provider had clear processes in place to ensure learning was shared across all services. The managers met regularly as a group to share information, discuss issues and share good practice. There were area health and safety meetings which highlighted particular issues to resolve, such as improvements needed to people's homes. These area meetings then fed into the provider's national meetings.
• The operations director and managers were proud of their teams and the people they supported. One manager told us, "I think we are becoming much more person centred and staff work in a more up to date way, not just caring for people." Another manager said, "I have just completed staff annual appraisals and everyone is really happy. We all feel we are moving the service forward in a more person-centred way."
• Staff were positive about the support they provided to people and were clear about their roles and responsibilities. Many spoke with us about how the services had improved and were continuing to do so. They understood the importance of their work in ensuring people received high quality support to live the lives they chose. One staff member said, "I love it here. The people who live here are like my second family." Another staff member told us, "If it was my child, I would be really happy for them to live here."

Working in partnership with others; Engaging and involving people using the service, the public and staff
• People were involved in the management of the service. They spoke with staff or gave feedback in ways that were meaningful to them about the service they received.
• Relatives told us communication and engagement with them was good. One relative said, "Communication is good between us and the staff at the home; they always call me, we communicate well." Alongside informal opportunities to feedback, people and their relatives were invited to an annual formal engagement event organised by the provider. These days led to action plans both at a local and national level.
• Staff told us their opinions were listened to and valued. There was clear communication with each individual manager and the operations director. One staff member said, "It's lovely here. It's well run and we are a good team. We have the same values." Another staff member told us, "I can speak to my manager every day if I need to. So much support. I have a good relationship with [the operations director]. She is so calming and approachable."
• The results of the recent staff survey were shared with us. These were positive and showed many scores had improved, particularly in the trust staff had in managers and staff feeling much more engaged."
• The service worked in partnership with a number of different health and social care professionals including the local authority and local healthcare services.
• Staff were aware of the importance of working alongside other agencies to meet people's needs and liaised with other healthcare professionals such as the GP and pharmacy when required.