

Kent County Council

1 & 2 Hedgerows

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Hedgerows is a residential care home that provides short stay accommodation and personal care support for up to five adults with learning disabilities and/or autism. The service provides planned respite care and emergency short stays for people when required. At the time of our inspection there was no one booked to use the service. There are approximately 40 people who use the service as and when required.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. There was a strong and visible person-centred culture within the staffing team, with staff going above and beyond their roles to ensure people were treated equally and fairly. Staff supporting people and had a genuine passion for the care and support they provided. They demonstrated an in-depth knowledge of the people they supported and were fully aware of people's likes, dislikes and preferences. An equality, diversity and human rights approach to supporting and caring for people was evidently well embedded in the service and staff exceeded their roles to promote this. People were treated exceptionally respectfully and without discrimination.

Relatives spoke highly of the service and the care and support provided. People were protected from avoidable harm and abuse and relatives told us they felt their loved ones were safe and well supported. Safeguarding and whistleblowing policies and procedures were in place and staff were aware of the procedures and how to keep people safe. Risk assessments enabled staff to manage identified risks whilst ensuring people's rights and independence was promoted and respected. Positive risk taking was supported and encouraged in line with the principles of Registering the Right Support (RRS) to help people learn new skills and enjoy accessing community services.

There were arrangements in place to manage medicines safely and staff followed appropriate infection control practices to prevent the spread of infections. Appropriate recruitment checks took place before staff started work. There were sufficient staff available to meet people's needs. Staff had good skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and supervision and personal professional development was supported.

People were supported to meet their nutritional needs and to maintain a balanced diet ensuring continued well-being. 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 support this practice.

The home environment was clean, homely and suitably adapted to meet the needs of the people using the service. People had access to health and social care professionals as required. People were supported to access community services and to participate in activities of their choosing that met their needs.

Complaints were managed and responded to appropriately in line with the provider's policy. There were systems in place to assess, monitor and improve the quality of the service. The register manager and staff demonstrated a strong commitment to provide person centred and high-quality care driven by good engagement with relatives and working cohesively with health and social care professionals to achieve best outcomes for people.

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

Rating at last inspection: Good (Report was published on 12 December 2016).

Why we inspected: This was a planned inspection based on the previous rating.

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?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was outstandingly caring

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

1 & 2 Hedgerows

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 a single inspector.

Service and service type

1 & 2 Hedgerows is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection site visit took place on 18 October 2019 and was announced. This was because the service provides short residential stays only and we needed to be sure the registered manager and or staff would be available.

What we did

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This

considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

We reviewed information we had received about the service since the last 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. We used all of this information to plan our inspection.

At the time of our inspection no one was booked to use the service. We therefore spoke with three relatives by telephone to seek their feedback about the service following our inspection. We also met and spoke with the registered manager, deputy manager and three support workers. We reviewed a range of records including four people's care plans and records and two staff recruitment, training and supervision records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and minutes of meetings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse. Relatives told us they felt their loved ones were safe and well supported. One relative said, "[Relative] loves going there. [Relative] is kept very safe." Another relative commented, "It's a nice small home and staff keep [relative] very safe. They [staff] know [relative] very well."
- Policies and procedures were in place for safeguarding adults and systems for reporting and acting on concerns or allegations were robust. Records showed that where concerns had been raised staff worked in partnership with health and social care professionals to ensure people's safety. Safeguarding records were monitored to identify any lessons learnt which were if appropriate shared with the staffing team.
- Staff had the skills and knowledge to identify safeguarding concerns and to act on them appropriately ensuring people were protected and safe.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents; and reflected on them as a means of improving safety.
- Records showed that staff identified concerns and accidents and took appropriate action to address them. Where required accidents and incidents were referred to local authorities the CQC and advice was sought from health and social care professionals.
- Incidents and accidents were monitored on a regular basis to reduce the risk of them reoccurring. Systems in place were effective resulting in appropriate actions being taken, for example, following one incident, a reassessment of the individual's needs was undertaken in partnership with a local authority worker to ensure the persons continued safety.

Assessing risk, safety monitoring and management

- People were protected from risks. Risks to people's well-being were assessed, identified, reviewed and managed safely by staff who were knowledgeable about the risks to individuals to avoid possible harm.
- Risk assessments enabled staff to manage identified risks whilst ensuring people's rights and independence was promoted and respected. Positive risk taking was supported and encouraged to help people learn new skills and enjoy accessing community services. For example, supporting people to independently use electrical appliances.
- Risk assessments covered identified areas of risk such as falls, epilepsy and traveling in the service's vehicle, and documented clear guidance for staff to ensure people were supported appropriately. For example, for one person who regularly became anxious due to noise and being in public places, their risk assessment provided staff with guidance on managing the person's anxieties and the signs the person displayed when they were wanting to leave.

- Staff knew people very well and understood the risks they faced and actions they were required to take to minimise them. One member of staff commented, "Although we may only see and work with people for short periods at a time we have known and worked with many of them for years."
- Arrangements were in place to deal with foreseeable emergencies and to maintain the safety of the premises. People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely in the event of an emergency. Staff received appropriate training to enable them to support people in various emergency situations. The provider operated an out of hours manager on-call system in the event of emergencies or if staff required advice and support.

Using medicines safely

- Medicines were managed, administered and stored safely. There were safe policies and procedures in place to ensure people received their medicines as prescribed by health care professionals. Protocols were in place for individual's medicines including 'as required' and 'emergency' medicines. Risk assessments were completed and reviewed to consider any risks in relation to medicines management and the level of support people required.
- Medicines administration records were completed appropriately by staff and checks and audits were conducted to ensure continued safe administration.
- Safe medicine management practices were followed. Staff received training and had their competency assessed to ensure safe up to date practice.

Staffing and recruitment

- There were enough staff to meet people's needs and recruitment systems worked to reduce identified risk.
- Staff told us there were enough staff available to support people appropriately and staff rotas confirmed planned staffing levels were consistently maintained.
- Staff were recruited safely. Full employment checks were completed before staff started working with people. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- People were protected from the risks of infection and the home environment was clean and well maintained.
- Staff received infection control and food hygiene training and were provided with personal protective equipment such as aprons and gloves.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal and environmental hygiene.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and staff supported people in line with best practice guidance.
- Pre-admission assessments were completed before people used the service to ensure the service was suitable and to determine the level of support they required. Assessments and care plans were holistic ensuring staff had clear, personalised information to support people in their preferred way. Re-admission assessments were also completed for every stay at the service to ensure changes in people's needs were known and continuity of care and support was maintained. One relative commented, "Staff listen and make changes when needed."
- Pre-admission and re-admission assessments included information about people's care and support needs such as physical, mental and emotional health needs, communication, behaviours and preferences.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments were completed where appropriate with best interests decisions recorded. DoLS applications had been submitted appropriately to the supervisory body (local authority).
- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- The registered manager and staff empowered and supported people to make their own decisions. For example, with the activities they wanted to do and clothes they wanted to wear.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to meet people's needs and were supported by the provider through a comprehensive induction and on-going training.
- Relatives commented positively on the skills and experience of staff. One relative told us, "Staff are very skilled, they work with [relative] very well and know [relative's] needs and wants. They really keep [relative] safe and well."
- There were effective processes in place to ensure staff new to the home were inducted into the service appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers. One member of staff commented, "I had a full induction and now I'm being supported to do my level three diploma. The manager is very supportive and encourages personal development."
- Staff received supervision, support, training and an appraisal of their practice and development. Training was regularly provided in a range of topics and specialised areas such as moving people safely, emergency medicines administration, conflict resolution, personal safety and positive behaviour support amongst many others.

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

- People were supported to meet their nutritional needs and to maintain a balanced diet ensuring continued well-being.
- People were involved and supported to plan their meals with staff. People's diverse and or cultural needs and diets were respected.
- Care plans and risk assessments documented people's nutritional needs, any support they required at meal times, known allergies and any nutritional risks such as swallowing difficulties, choking, weight loss or gain. Risks associated with nutrition and hydration were reviewed on a regular basis and clear guidance from health and social care professionals were documented for staff to follow.
- The Food Standards Agency visited the service in July 2019 rating them four stars which is good.

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

- People's physical, mental and emotional needs were assessed and documented in their plan of care. Staff monitored people's daily needs and well-being to ensure they were supported appropriately.
- The service had built and maintained strong links with local health care professionals including GP's, community nurses, speech and language therapists and dietitians.

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

- The home environment was suitably adapted to meet people's needs. There was a garden and outside space which housed a summer house and BBQ which was accessible to all.
- People were supported to bring items specific to their individual taste and interests for each stay and staff prepared each room to individual's liking in preparation for their stay.
- People had access to specialist equipment that enabled greater independence whilst ensuring their physical and emotional needs were met. For example, assistive technology such as sensor mats to alert staff during the night if someone required support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals and are empowered as partners in their care by an exceptional and distinctive service.

Ensuring people are well treated and supported; equality and diversity

- There was a strong and visible person-centred culture, with staff going above and beyond to ensure people were treated equally and fairly and able to advocate for themselves. For example, staff had supported a group of people to go out for a meal, however, on arrival at the restaurant found that it was not accessible for everyone. Following the visit staff supported and encouraged people to give feedback about their experience on a restaurant review website. People were encouraged to speak up with staff support to ensure they were treated fairly.
- Staff had built exceptionally positive, respectful caring relationships with people and their relatives which was particularly impressive as they stayed at the service for short periods at a time. Strong, effective communication skills by staff was a key factor of this success. For example, staff's skills in effective communication methods such as the use of Makaton, and in-depth awareness of people's personas meant staff were able to identify when people were anxious or distressed. Staff had identified one person became anxious when hearing the fire alarm, by picking up on their non-verbal cues. They worked with the person to create a social story in relation to the fire alarm, to help ease their anxiety and the person was able to actively participate in them without distress.
- Staff also ensured that they maintained a relation with people and their relatives in between their stays at the service. There was continued communication with relatives to capture any changes in needs, a quarterly newsletter was sent to relatives, which provided them with information about changes to the service and introduced new staff. One relative told us, "Staff listen. They are really very good at communicating."
- It was evident from records we looked at and relatives we spoke with that the service put people at the heart of everything they did. For example, staff worked with one person who was very fond of throwing things away and tidying up. When the person was due to stay at the service staff made sure that they had practical tasks set up for them, to allow them to clean and tidy and had hired a skip to be on site at the service. Staff worked with the person helping them sort out the things the service wanted to keep from the rubbish and separated the things that were not able to go into the skip and were to be disposed of separately.
- Due to the nature of the service which provided short stay respite, staff made efforts to personalise people's bedrooms making their stay comfortable. For example, with the use of preferred bed clothes, putting pictures up of people on their room doors, scheduling stays for people in their preferred rooms and if possible with other people using the service who they liked spending time with and ensuring facilities such as televisions and music players were in place in people's chosen rooms if they liked and used these pieces of equipment. One relative told us, "Since [relative] became unwell [relative] requires night support as sleeping is a problem. Staff have been able to manage this very well. Hedgerows' adaptability has been a

massive help to us in so many ways." Another relative commented, "[Relative] loves it there, we feel very lucky. Staff are incredibly kind and caring, it's a lovely small homely environment they have made."

- An empathetic, understanding and human rights approach to supporting and caring for people was evidently well embedded in the service and staff exceeded their roles to promote this. For example, we saw that the service's nurse practitioner prepared easy read documents and picture cards relating to grief as one person required support to grieve. As a result of this support the person had recently begun to talk about their relative who passed away several years earlier.
- Care plans considered and documented the support people may require in regard to any protected characteristics under the Equality Act 2010, in relation to age, race, religion, disability, sexual orientation and gender. For example, one person's care plan documented the importance of their faith to them and how staff supported them to practice their faith which included regularly visiting places of worship and how they chose to celebrate any important dates in the year. We saw how staff supported another person sensitively to explore their sexual health, needs, sexuality and identity which involved a multiagency approach to which staff at Hedgerows took the lead. One relative commented, "The staff are all so very good, it's really wonderfully inclusive."
- Records showed the supportive work undertaken by staff and how this had a positive impact and outcome for the individuals. One member of staff commented, "We are a really good supportive and transparent team who really want to support people in every aspect of their lives whether it be exploring their social aims, sexual needs and or sexuality. It's important that everyone understands who they are and can be what they want."
- Easy to read and pictorial information about equality and diversity was displayed and made available at the service and discussed with individuals ensuring a holistic human rights approach to the support provided. The provider had many up to date detailed policies and procedures in place to support staff in ensuring equality and diversity was at the forefront of their work including a 'supporting transgender users of our services' policy and a 'lesbian, gay, bisexual and transgender support toolkit' for staff. People were treated exceptionally respectfully and without discrimination.

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

- Staff knew people extremely well and as such were able to support people to make decisions about their care, even when they required a lot of support to communicate. For example, staff knew when people wanted to participate in group activities or if they wanted to spend time alone by their behaviour and mannerisms. We saw how staff supported one person who had difficulty to eat at meal times. The person was unable to verbalise and due to this staff offered several meal choices, which the person could nod to show which option they preferred. We noted that on one occasion the person had not eaten since the previous morning, in spite of staff offering several choices of foods. In response to this and to assist the person to eat and make meal choices staff laid the table out in the form of a picnic which had many items of foods. This had a positive response as the person laughed and chose their foods when they were ready to eat at their leisure.
- Relatives told us how staff supported their loved ones to be involved in planning for their care and support needs and how staff communicated and involved them. One relative said, "They [staff] are very caring and engage [relative] really well. They support and encourage [relative] to be involved, make friends and to be independent." Another relative commented, "Staff know [relative] so well and that [relative] doesn't like noise. They even explained and supported [relative] to make a complaint if they wanted to about the noise. They work so well with [relative]."
- People's communication needs were assessed and clearly documented in their plan of care ensuring staff could support and engage with people effectively. Staff supported people to make use of technology such as computers to aid communication. The registered manager told us and we saw the staff team looked at the chosen 'word of the week' in Makaton to use. People had been involved in training staff to use Makaton,

and one staff member told us, "We use Makaton with people daily and encourage people to also teach us. One person loves to teach us new signs such as cheeky monkey."

- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example, easy to read or pictorial versions. There was also notice boards around the home with information displayed in different formats providing people with information on various topics such as menu choices and activities planned.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected; their independence and rights to confidentiality were upheld. The service applied the principles and values of 'Registering the Right Support' and other best practice guidance. Staff directed these principles through offering and empowering people to make choices about their everyday lives, by observing and recognising when people were happy or unhappy and by implementing change and support when required.

- The service was greatly effective at promoting people's independence. Records showed people had made significant achievements in meeting their aims, which was made possible by the skills and dedication of staff. This included ensuring people were supported to improve their independent living and life skills. For example, the promotion of social networking and support with activities of daily living such as using domestic appliances. We saw that staff supported one person who liked sorting and tidying things and who loves gardening to combine their likes with improving their living skills and independence. For example, staff supported them to clear up the bad apples from the service's apple trees, separating them from the good ones. Staff helped them to prepare the good apples and bake an apple pie and stewed apples with some support. We also saw that the person worked with domestic staff, which the person was very proud of. As a result, the person had started to make their own bed and offered support to others who used the service to improve their skills and independence.

- Care plans were person centred and focused on what people could do for themselves and areas they needed support with. One relative commented, "They [staff] are very much people focused, they genuinely care."

- Staff were fully mindful and responsive of people's right to privacy and autonomy. Staff knew when individuals wanted to spend time alone in their rooms or in a quiet part of the home. Records demonstrated how staff sensitively supported people to meet their personal care and or sexual needs discreetly by offering and supporting them to spend time alone when needed. People's private information was respected and kept secure at all times. Staff we spoke with knew about the importance of keeping people's confidential information private.

- People were supported to maintain relationships that were important to them and staff recognised the significance of this to individual's well-being. For example, maintaining contact with family members, supporting and enabling people to visit relatives and friends locally and welcoming visitors to the home.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care was personalised, and staff empowered and supported people to have choice and control. Care plans were holistic and focused on people as individuals. Care plans included information on people in areas such as their life history, communication, important relationships, their strengths and independence and things they enjoyed. Photographs of people were included and were also displayed within the home. For example, a wall collage displayed people doing certain activities they liked and places they preferred to visit. This was a good visual aid to show staff how people liked to spend their time at particular places and to also encourage visiting new places of interest. One relative commented, "They [staff] take [relative] out all the time to some lovely places, [relative] looks so forward to it."
- Regular reviews of people's care needs and records were held to ensure staff continued to support people appropriately and that their needs, aims and wishes were respected and met. People were supported by experienced staff who knew them well and who supported them to access services such as, leisure activities and social events to meet their needs and interests.
- People were supported to access local community facilities and to venture further afield. The service had a vehicle which enabled this but staff also supported and encouraged people to use public transport when suitable.

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.

- Staff had a good understanding of the AIS and people's communication needs were effectively assessed, reviewed and documented within their care plans. People had detailed communication information which provided staff with clear guidance on people's chosen best methods of communication and useful communication strategies.

End of life care and support

- People received end of life care and support when required. The registered manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health and social care professionals and specialised services including local hospices to provide support to people and their relatives if required.

Improving care quality in response to complaints or concerns

- Complaints were managed and responded to appropriately in line with the provider's policy. Relatives told us they were aware of how to raise a complaint. One relative commented, "We have no problems or complaints at all. If there are changes required we discuss these and they are made." Another relative told us, "I have no complaints at all and I can't speak highly enough of the service. If I had any issues I would speak with the manager who I know would resolve them."
- There were arrangements in place to respond to people's concerns and complaints appropriately. The provider's complaints procedure was readily available in different formats to meet people's needs, including an easy to read and pictorial version.
- Records showed there had been no complaints made this year. We saw that where complaints had been made these were responded to in line with the provider's policy and had been dealt with appropriately to the complainant's satisfaction.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now improved to 'Good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection on the 12 December 2016 we made a recommendation to the provider as the registered persons had not carried out full and robust auditing. A quality assurance audit took place in January 2016, but, at a time when there were no people staying at the service. Policies and procedures updated by the provider were not always being communicated to staff. Monthly checks were not always being completed due to a lack of auditing.

At this inspection we found improvements had been made.

- The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- Audits and checks were carried out on a regular basis in areas such as medicines management, the home environment and health and safety, accidents and incidents and safeguarding amongst others. Where required action plans were developed to address any issues or concerns identified.
- Daily staff handover meetings and weekly staff team meetings were held. These provided staff with the opportunity to discuss people's daily needs, any issues or concerns that had arisen and provided staff with the opportunity to discuss issues relating to the management of the home and policies implemented.
- The registered manager and staff kept up to date with best practice in supporting people with a learning disability and/or autism and practices were evidently embedded in the service by the staffing team.

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

- The registered manager and staff demonstrated a strong commitment to providing person centred and high-quality care driven by good engagement with relatives and working cohesively with health and social care professionals to achieve best outcomes for people. One member of staff commented, "I'm very passionate about providing good care and there is a good staff culture here. The manager has brought a positive energy to the service and she supports us all to learn and grow."
- There was an evident inclusive positive culture at the service that included celebrating people's and likewise staff successes and achievements whilst both physically and emotionally supporting relatives and family members. Relatives spoke highly of staff, their skills and approaches and the care and support they provided. One relative said, "I have nothing but praise and thanks, they [staff] do a wonderful job." Another relative commented, "Very skilled and caring staff, it's such a lovely service."

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

- There was strong leadership and management at the service and the registered manager and staff understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. Staff were supported and encouraged to report all accidents, incidents or near misses, and to be open and honest if something went wrong.
- The service had a registered manager in post at the time of our inspection. They were aware of their registration requirements with CQC. They were aware of the legal requirement to display their CQC rating.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team. We saw the registered manager interact with staff in a positive and supportive manner and listened to staff to help drive service improvements.
- Staff were positive about how the service was run and the support provided by the registered and deputy manager. One member of staff commented, "I feel really listened to here and very well supported. There is an open and inclusive culture. The service definitely passes the 'mum test'."

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

- There were systems in place to ensure the service sought the views of people and their relatives through regular reviews, keyworker meetings, residents' meetings, a 'You said, We did' system and surveys.
- People were supported and encouraged to share their thoughts on how the service could support them better and to help drive improvements. This was achieved for example through keyworker and residents' meetings that were held on a regular basis. Pictorial easy to read minutes of the last meeting held showed items for discussion included safeguarding and how to keep safe, health and safety, food and drink and activities. The 'You said, We did' poster which was displayed on the notice board and updated monthly, detailed lots of positive comments from people about the actions taken by staff from their comments and suggestions made.
- We looked at the results for the people and relatives annual survey conducted in 2018 as this year's results had yet to be analysed. Responses were very positive with comments made such as, "There is nothing we feel that could improve your service. Top marks", and, "[Relative] is cared and looked after well during her stays. [Relative] is kept safe and entertained and really loves attending. [Relative] has never not wanted to go."

Working in partnership with others

- The registered manager and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, records showed staff worked with service commissioners, speech and language therapists, mental health professionals, advocates, community nurses and GPs to achieve best outcomes for individuals.