Westminster Homecare Limited

Westminster Homecare Limited (Independent Living Network)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Westminster Homecare Limited (Independent Living Network) is a domiciliary care agency and supported living service. At the time of our inspection 73 people were being supported in their own home, 16 of whom were supported with personal care. The service provides support to people, living with dementia, with a learning disability or autistic spectrum disorder, with a physical disability and people with a mental health condition.

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.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
Based on our review of is the service safe, effective, caring, responsive and well-led questions, the service was not always able to demonstrate how they were meeting the underpinning principles of Right support, right care and right culture.

Some risks to people had not been documented and some quality assurance processes were not as effective as they could have been. This meant there was a risk of missing opportunities to make improvements and prevent any incidents reoccurring. No person had been harmed but this put people at risk of harm.

The regional director and deputy manager addressed these matters promptly, but until we highlighted these, actions had not been taken. Staff however were clear on how to safely support people with eating and drinking safely, and how time specific medicines had been correctly administered.

Right support
Staff complied with measures designed to reduce the risk of infections spreading, and focused on people's strengths and promoted what they could do, enabling the opportunity for people to lead fulfilling and meaningful lives. A person told us how careful staff were to always use the correct personal protective equipment (PPE), washing their hands and safely disposing of PPE.

Staff supported people with equipment to keep them safe by using an appropriate number of suitably

skilled staff. A staff member said, "I see [person] being able to live at home with reasonable adjustments and the right equipment. It means a lot to them having more independence."

Staff received effective training in the use of restraint and were confident in their ability to deploy this training should it ever be needed. At the time of our inspection, where people needed restraint, such as with medicines, this was appropriately authorised, and only used in an emergency situation, as a last resort, and for the shortest time possible.

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

Right Care
Staff focused on and promoted people's equality and diversity, supporting, and responding well to their individual needs. This changed people's lives for the better. A person said, "I feel safe when out [in the community], as staff are very good to me. I take all my [medicines] morning and night and staff watch me to make sure I haven't dropped any." A relative told us how much more their family member could now do and how well staff understood their communications in ensuring the person was given equal opportunities.

People or their legal representative helped create and review their care plans when they chose to, and as such were a reflection of the support they needed and what people could do independently. Staff had training on how to recognise and report abuse and had the skills to help protect people from poor care and abuse, or the risk of this happening.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. All those we spoke with felt people were safe and had enough support to do this. People were supported to communicate in their preferred way including a few words and visual prompts.

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. A relative told us the service always strove to improve the quality of people's lives and said, "[Staff] have transformed my [family member's] life. Now they live in their own home. This has given them the confidence to keep growing with independence."

Right Culture
People were supported by staff who understood best practice in relation to people's strengths, impairments, or sensitivities for people with a learning disability and/or autistic people may have. A relative told us the service had made a huge difference to their family member saying that although their family member needed a lot of support around their needs, staff were quick to make healthcare referrals for support when needed, meaning the person was eating more healthily.

Staff put people's wishes, needs and rights at the heart of everything they did. People, relatives, staff, and health professionals had a say in how the service was run. The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service led confident, inclusive and empowered lives.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 October 2017).

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westminster Homecare Limited (Independent Living Network)

We have found evidence that the provider needs to make some improvements. Please see the safe and well-led section of this full report. The overall rating for the service has changed to requires improvement. This is based on the findings at this inspection.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 not always safe Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our effective findings below.	**Good**
Is the service caring? The service was caring Details are in our safe findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below	**Requires Improvement**

Westminster Homecare Limited (Independent Living Network)

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
This inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care and supported living agency. It provides personal care to people living in their own houses and flats and supports people who need support to promote more independence. This service provides care and support to people living in 7 'supported living' settings, 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.

Inspection activity started on 13 September and ended on 20 September 2023. We visited the location's office on 15 September 2023. We provided initial feedback about our inspection findings on 22 September 2023.

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 (CQC) 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 was a registered manager in post. However, when we undertook our site visit they were on leave, so we held a virtual meeting with them on 20 September 2023.

Notice of inspection
This inspection was announced. We gave a short period notice of 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 reviewed information we had received about the service since the previous inspection. 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. We used all this information to plan our inspection.

During the inspection
We spoke with 4 people who used the service and 5 people's relatives by telephone. We visited 3 people in their homes. Not everyone using the service was able to speak with us. We used staff to help with their communications. We received feedback from a social worker, 2 healthcare professionals, and the local safeguarding authority. We also spoke with 12 members of staff including the regional director, the registered manager, the deputy manager, a project lead, 2 team leaders and care staff.

We reviewed a range of records, this included 5 people's care records. We looked at 3 people's medicines' records and 3 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed, including incident records, compliments, complaints, quality assurance processes, audits, policies and procedures.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection this key question was good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were not always safe. Some records were not always detailed about how risks were managed and staff gave a conflicting account of safe support. For example, information was not up to date on how to support people with drinking safely, such as the temperature of drinks and the drinking vessels to be used, and that people needed to be supported and supervised at all times whilst drinking.
- A person's risk assessment was not in their care plan we looked at. The registered manager told us this risk assessment had been misfiled whilst transferring records to an electronic system. They told us they would address these issues. The lack of clear guidance for staff put people at risk of harm. However, until we highlighted these issues, the misfiling of a risk assessment had not been identified.
- Risks to people such as those for preventing pressure sores, choking, being out in the community and medicines administration had been identified and staff safely managed these risks.
- A relative told us that their family member's care was safe as no further incidents had occurred since the registered manager had taken appropriate action.
- Staff knew what action to take regarding people's safety and wellbeing, and policies were in place to manage risk should people make unwise decisions. Staff were made aware of updates to risks by e-mail, staff meetings and handovers.

Using medicines safely

- Medicines management was not always safe. Not all people's medicines administration records (MARs) were complete or accurate. Where people were supported with medicines that had to be administered before food, the time they had been administered had not been recorded. This meant that if people had food less than 30 minutes after administration, the medicines would not be as effective. Staff, however, knew how and when to administer these medicines, such as 30 minutes before food, and with a glass of water.
- Staff had been trained to safely administer medicines and staff's competency to do this had been regularly assessed. Records showed the medicines people had been administered and what the medicine was for.
- People were supported to independently administer their own medicines as much as practical. A person said, "[Staff] prompt me, but I do all the rest. They also ask if I am alright after taking them."
- A relative told us staff always ensured there were sufficient stocks of prescribed medicines. The registered manager told us they would remind staff of their responsibilities to follow medicines administration guidance and accurately record the time medicines were administered.

Learning lessons when things go wrong

● In the main, all incident records and lessons' learned had been documented and shared across all relevant staff teams. Staff provided us with the investigation record for an incident involving harm, but they were not able to find the records for what learning had been undertaken.
● No further such incidents had occurred and staff had implemented safer ways of working to support people.
● The staff team were kept up to date about incidents, such as various health conditions, safeguarding incidents, people's anxieties and emotions, and when any type of restraint might be needed. This was through staff handover records, e-mails, and general information during team meetings.
● A staff member told us, "I feel listened to. If I need to contact the [registered] manager, they act on my suggestions and make changes that mean an incident is unlikely to happen again." A relative said, "There was an incident with my [family member], but in over 2 years they have been safe at home and out in the community."

Systems and processes to safeguard people from the risk of abuse
● Staff were trained and knowledgeable about safeguarding procedures. One staff member told us how to identify any type of abuse and when they would report this to the provider, the CQC or the safeguarding authority if needed. However, incidents reported to the provider were not always sent to the local safeguarding teams for investigation.
● A social worker told us the registered manager was very good at highlighting and recording changes in people's needs, and if additional support was needed to ensure people were safeguarded, both at home and in the community.
● Staff ensured as far as practical they attended to people's needs at the right time and for the correct duration, responding quickly and effectively. One person said, "I have staff support me in the community and they look after all my [finances]. They are careful using [moving and handling] equipment."
● The deputy manager told us, "If staff raise any concerns with me, I ensure I tell the [registered manager]. We work collaboratively to ensure people are safe. Staff know they can call either of us if one of is off at any time." All staff we spoke with were confident the registered manager would take any concerns seriously, and effectively act on them.

Staffing and recruitment
● Enough staff were in place and most staff had been safely recruited. Checks were in place such as for photographic identity, employment references and most gaps in staff's employment history had been explored, but these had not always been recorded.
● Other checks were undertaken including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. All staff we spoke with confirmed all necessary checks including health conditions and evidence of staff's good character had been completed.
● Staff were deployed effectively to ensure they could spend enough time with people and safely meet their needs. We found staff were skilled at interpreting situations to help keep people safe. A staff member said, "We have enough staff to support people. I can request additional staff, such as if a person is more anxious or distressed. We always have staff to cover unplanned absences."

Preventing and controlling infection
● Policies and procedures were in place to help ensure good standards of infection prevention and control (IPC). Systems were in place to respond effectively to risks and any signs of infection.
● Staff were trained to support good IPC practices and they used personal protective equipment (PPE) correctly and effectively. A relative told us how staff always wore their PPE and disposed of it safely.
● The provider's infection prevention and control policy was up to date. Staff adhered to this, such as when

to use additional PPE including visors if any person had a contagious infection.

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.

At our last inspection this key question was good. At this inspection the rating 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; Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager, or a member of the management team, undertook an assessment of people's needs. This enabled each person's needs to be determined to help inform people's care plans.
- A person told us staff respected their verbal skills. Staff told us how alternative approaches to communicate with people were used effectively, such as pointing to objects or using known preferences. A staff member said, "I have got to know the people I support well. We have a core staff team who despite individual approaches, we all achieve the same outcome based on what people like. If we need guidance from a speech and language therapist (SALT), we get this to improve people's communication skills.
- People at an increased risk of being anxious or distressed, had details in their care plan how this risk was minimised. However, some wording in care plans, such as 'can be difficult', lacked detail what this was.
- A person told us how staff helped them cook as they liked to watch. Staff ensured the person ate healthily, and as a result was much more independent. A relative said, "[Staff] are good at encouraging plenty of fluid as this helps prevent [infections]."
- Professionals involved in people's care and relatives were positive about the way people were supported to eat well and healthily. A social worker fed back to us, "[Person] is very limited to choices they make. However, I observed staff encouraging [person] to make a choice of snack and drink. [Person] is supported by staff to do weekly shopping where they are encouraged to make choices of products for their meals."

Staff support: induction, training, skills and experience

- Staff were provided with training and support based on people's needs. This included the Care Certificate. This is an agreed set of a minimum of 15 standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. This formed part of staff's induction.
- Staff also had additional face to face learning, such as the latest guidance for people with a learning disability and the use of non-physical interventions. A staff member told us they had undertaken shadow shifts with experienced staff until they felt confident to work on their own.
- A relative said, "Staff know my [family member] really well. I know this as my [family member] is very settled and hasn't had [health condition] now for several years."
- Specialist training, such as for autism, epilepsy care, diabetes, and how to communicate effectively with people was also provided.
- A staff member said they could always ask for support from any member of the management team to discuss what was going well and what extra support they might need.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

● People had an 'about me' document that was designed to help autistic people and other people with disabilities to communicate their needs to healthcare professionals.

● Staff supported people to see, or be seen by, health professionals including dieticians, dentists and opticians. This support and guidance had been effective in helping people live more healthily.

● Records showed actions had been taken in relation to people's health and how this was shared with care staff. For example, a healthy diet, or avoiding items that could affect people's health.

● People were enabled to see other professionals as well as social workers. Staff ensured they complied with guidance, suggestions, and advice. A relative said their family member's care was the best it could be as staff's support had reduced epileptic seizures to none in over 3 years. The relative told us, "My [family member] has limited speech but can communicate. Staff know them ever so well, such as for pain."

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 (CoP) for them to authorise people to be deprived of their liberty.

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

● Care plans contained details how each person could communicate, or if they needed an advocate to help ensure people were supported within the principles of the MCA. Where needed, appropriate applications had been made to ensure decisions were only made for people where this was lawfully authorised through the CoP. For example, decisions about finances, property, health, and welfare.

● Best interest decisions had been made for each aspect of people's daily living and for any restrictions needed to keep people safe, such as a locked door to prevent overeating, support to access the community and staying safe at home. The registered manager regularly reviewed best interest decisions and involved advocates when needed.

● Where people need any form of restraint including medicines, a safety lap belt for safety reasons in a wheelchair, or bed rails, records were in place why this was in the person's best interests.

● A staff member told us how they could offer choices, saying, "When people can't make a choice verbally. I would show the object or as many items without too much choice. I would point to something and show items and the person can point to make a choice."

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, respecting equality and diversity

- Staff ensured people received care that implemented any adjustments needed, such as any disability or different ways of communicating. This helped support people to be heard and understood. A relative told us how staff, "Definitely make a big difference, they have managed to take my [family member] to the dentist where they were previously petrified. The changes were done over a period of time."
- A social worker fed back to us stating, "The [staff] are very dedicated and caring. Some of [person's] support workers have been working with them for many years which has provided great continuity of care."
- A staff member told us how they helped a person with health checks by demonstrating the process first, enabling the person to get the support they needed.

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

- We saw how staff involved people as much as practicable in decisions about their care. This included making situations fun and engaging, and avoiding negative words.
- People were offered choices in their day to day support. For instance, about when they accessed the community, spent time relaxing, or doing activities, hobbies and pastimes.
- Staff used strategies to encourage safe decision making and also improving people's communication skills by knowing what situations could cause anxiety. This meant staff could better respond to people's choices and needs. A relative told us their family member liked to have fun, and staff enabled this with patience.
- People's relatives said care was being provided as agreed and changes had been made when needed. For instance, changes to care staff where a better rapport had been enabled as a result. A person said, "My [family member] needs someone to be with them on a seat when having a shower, they like to have a range of different shower gels and staff get them involved to do this when going out shopping."

Respecting and promoting people's privacy, dignity and independence

- Staff knew people very well and respected their independence wherever possible; only intervening to promote dignity or if people needed assistance. A person told us they had learned oral health skills at a community service, with just some support from staff to get there.
- Staff were polite and respectful when speaking with people and gave them time to be in private where they preferred this. A person told us they enjoyed the way staff encouraged household chores by making it fun.
- People, staff and relatives we spoke with told us how people's independence was promoted with the use of verbal means, and if needed picture communication cards, and electronic devices.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Staff understood and focused on people's preferences, choices and physical support needs. This enabled people to achieve their potential. An example was a person who the staff team had supported to regain access to banking, following a closure of their local branch, and financial records. This meant they now had their own way to manage their finances with just some support from staff.
- In the main, where people required the same consistent staff team, this was facilitated which had a positive impact on people's achievements, such as support having their own bank account. Staff were skilled in gaining an effective understanding of people's emotions, anxieties, but more importantly what worked well. We saw the difference this had made to a person by being able for the first time to have their own place to live.
- People received support, such as from staff who shared similar interests and an understanding of what was important. This meant people lived a life with more happy moments. We observed how, as a result of people's preferences being respected, they were accepting of support from staff.
- A relative told us how their family member had grown in confidence and said, "They love their flat, they have grown in confidence and independence and have a very good social life and use [their own vehicle]. The staff ensure they also support trips out on buses, trains, or going to the cinema."

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 were supported to communicate in various ways, such as using pictures, objects of reference and the use of verbal skills. A person told us how staff always listened to them
- Staff were skilled at providing support, and accessible information, based on people's mental capacity. A social worker told us that a person being supported was very relaxed around staff, who in their opinion read the person's communication very well, and were able to respond and meet their needs.
- Staff understood people's communications, such as through facial expressions or with specific words or a short, easily understood sentence, but giving people as long as they needed to respond.
- People were then able to communicate effectively and live a more fulfilling life, as well as being able to access important information about their care and support needs, finances and healthcare.

Improving care quality in response to complaints or concerns

- The provider had an accessible complaints' process. Staff knew when to respond to a person's

dissatisfaction. This helped concerns to be responded to effectively before a complaint might be needed.
● The provider used compliments to help identify what worked well. A relative told us, "I have never had to complain. If I ring the office or management staff, they always put things in place to resolve the matter."
● The provider analysed themes and trends to help inform improvement opportunities. A staff member said, "If trends are identified, such as the time of day, or a particular staff member, these are addressed before a complaint is needed. This helps people have more better days."

End of life care and support
● At the time of our inspection, nobody was in receipt of end of life care. However, policies, procedures and trained staff were in place should this be needed. A relative whose family member had passed away had fed back to the provider praising the staff for their understanding and support at a difficult time.
● Best interest decisions were used to inform people's end of life care where any person lacked mental capacity to do this for themselves, such as for resuscitation should there be a sudden change in health condition.
● Staff understood the importance of good end of life care. The registered manager told us how they would work with palliative care teams, healthcare professionals, people and their families. This was so people's end of life care needs were respected and met.

Requires Improvement

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 our last inspection this key question was good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Not all quality audit and monitoring processes were effective in identifying, and enabling improvements. For example, not reporting incidents to the local authority where people had experienced harm and risk assessments that had been misfiled. The registered manager told us that an incident which had not been reported to the local authority was dealt with the providers policies where staff had not adhered to their training following an incident. We referred this to the local authority as they were not aware of this incident.
- Although the provider showed us the incident record, they were not able to locate the lessons learned records. This meant there was a risk that changes made were not effective and there was the potential for missed opportunities to identify trends or themes. In addition, audits of the newly introduced electronic care records systems had not yet identified that staff were not always recording the time they had administered medicines where this could affect people's safety.
- This lack of effective oversight put the quality of people's care at risk as effective improvements and actions should have been implemented. Although the provider acted swiftly on the issues we fed back to them, these areas should have had better oversight.
- The provider used a variety of approaches, to drive improvements at the service, such as asking people for their views, observations and monitoring records.
- Staff did, however know people well, upholding good standards of care. Medicines were administered as prescribed and care plans were mostly kept up to date. Staff were knowledgeable about identifying risk and mitigating this. In addition, staff had effective support to help manage risks, such as for eating and choking. The regional director told us the provider had just introduced an electronic records system for incidents, CQC notifications, trends, learning, and how the provider could monitor and act swiftly.
- The provider reviewed a variety of records including incidents to help monitor the quality of care provided. Unannounced spot checks were also in place to observe staff care visits and checking to ensure staff followed all the correct procedures that they were expected to.
- People, relatives and staff told us the provider always acted promptly to any concerns raised and then checked everything was working well after changes were made. A person's relative told us, "There was an incident 2 years ago and ever since then staff have ensured that my [family member] has never been put at risk since."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager had developed a strong and positive culture within the staff team. They told us that following the introduction of the electronic care records system and our feedback, they had reminded staff to ensure that medicines administration records were accurately completed.
● The registered manager was passionate about people with a disability and supporting human rights, giving people more independence to live a life with less restrictions. They said, "Following the incident where a person was harmed, we supported the person so they had a [safer way] to make and have hot drinks. This meant the person could still make a hot drink."
● The registered manager supported staff and if there were temporary gaps in the management team, they spent more time with that service to help ensure staff felt included and listened to. All those we spoke with would recommend the service to others needing support at home, and as a good place to work.
● Staff were aware of the service's values to uphold and maintain high quality care. A staff member told us how they had supported a person through a difficult time, helping them to understand risks and putting measures and processes in place to ensure the person had a dignified life with less risk of pressure sores.
● The provider and staff understood the need to be open and honest when things went wrong and were in the main knowledgeable about the incidents they needed to report to us.
● Various recent compliments sent to the provider praised staff for enabling a person to attend a healthcare appointment. Another for the consistent quality of care, including 1 from staff who appreciated all the support during the COVID-19 pandemic to resume working in the office.
● Staff were clear about their roles, and explained these to us in detail. For example, a detailed knowledge about people's anxieties, health conditions, communication skills and care needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were involved as much as practicable in how the service was run. People contributed, or with agreement of their relative in the person's best interests to the overall quality of care and support. Analysis of care records helped identify if there were opportunities to improve or change aspects of people's care.
● The management team respected people's communication skills, and where people preferred staff to read mail and other documents this was respected. Relatives and people's views were regularly sought. A relative told us, "My [family member] likes to go to the gym and doing voluntary work. Staff provide all the support for opportunities to gain [independent living] skills. My [family member] loves it."
● All staff told us they felt well supported and listened to, and that their feedback was taken on board. The regional director told us they were really pleased to have a large number of long serving staff. They also told us that retaining the right staff was because the management team worked hard to support staff and ensure they were confident and competent in their roles.

Working in partnership with others
● The registered manager and staff team worked well with various organisations, such as Speech and Language Therapists, social workers, GPs, and dieticians. There were, however, some missed opportunities to work with safeguarding authorities where they had not always been involved.
● Guidance from health professionals and social workers was implemented and adhered to and used to help improve people's care.
● A social worker fed back to us by stating, "The [registered] manager and management team are very approachable and always open to discuss issues related to care and support of service users. They are very responsive and proactive in identifying areas of additional support in between the Learning Disability Partnership annual reviews."