Halas Homes

# Halas Homes

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Outstanding |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

Halas Homes is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

The provider is registered to provide accommodation and personal care for up to 37 people. The service supported adults who might have autism or a learning disability. Some people had additional sensory or physical impairments. Most people lived in the main house with four people living more independently in a separate house staffed by the same staff team. There was an on-site facility 'The Meeting Place' where people undertook a variety of social and recreational activities. On the day of our inspection 29 people lived at the home.

At our last inspection we rated the service good. At this announced inspection on 16 August 2018 we found the service remained Good in Safe, Effective, Caring and Well-led. The service had progressed to Outstanding in Responsive giving it an overall rating of Good.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found that Halas Homes reflected the values that underpin Registering the Right Support. By this we mean the provider had developed their service to ensure people with learning disabilities and autism are supported to live as ordinary a life as any other person. They are provided with choice and there is promotion of people's independence and a focus on inclusion.

People received a service that was focused on their individual needs and preferences. They had new and exciting opportunities to enhance their social and recreational experiences and celebrate their abilities. The service had a key role in the local community and had actively built links with local schools, colleges; local people and the wider community so that people were supported to live as full a life as possible. People had access to a complaints procedure and were confident their complaints would be addressed.

There was a registered manager in post and she was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe and staff knew how to recognise and report abuse. People were supported to take part in everyday living tasks and to do the things that they enjoyed. The risks associated with these activities were well managed so that people could undertake these safely and without any restrictions. Consistent staffing levels ensured people had the support they needed. Staff were motivated, trained and knowledgeable about the needs of people. Recruitment processes remained safe with checks in place to ensure staff

suitability. In addition, people were involved in selecting staff of the right character to provide their care and support. People had support to take their medicines safely. Staff followed infection control guidance and maintained a clean and hygienic living environment for people. There were processes in place to learn lessons and improve people's experiences when things went wrong.

People were fully involved in identifying their needs. Staff continued to receive regular and relevant training and support to enhance their skills and knowledge. People were supported with their meals and took an active part in shopping, cooking and preparing meals. Effective monitoring was in place for those people who needed support to eat and drink enough. People had support to maintain their health and staff were proactive in supporting them to access healthcare services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who were caring and attentive. Staff promoted people's preferred communication methods to ensure their individual choices were fully respected. Staff had a thorough understanding of promoting and respecting people's privacy, dignity and independence and their practice reflected the principles of good care.

The provider had a clear management structure and had actively looked at ways to benefit the lives of people living at the home. There was a focus on continuous improvement which was reflected in their development of and commitment to increased opportunities for people. The provider worked in partnership with several other agencies to ensure people received the right support. Staff felt supported and valued in their work. There were systems in place to monitor the quality of the care provided and to ensure people received quality care.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good

The service remains Good

### Is the service caring?

Good

The service remains Good

### Is the service responsive?

Outstanding ☆

The service has improved to Outstanding

The service was exceptionally responsive.

People received care and support that was tailored to their individual needs. The service was adaptable and flexible and ensured people had choice and continuity of care.

People experienced very positive outcomes from range of social, educational and work initiatives established. People had a community presence and actively contributed to community ventures. Contact with local schools, colleges and community initiatives was actively sought and sustained.

People were supported to share any concerns or complaints and knew
who to approach when they were unhappy. There was a system to receive and respond to complaints.

### Is the service well-led?

Good

The service remains Good

# Halas Homes

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on the 16 August 2018. The inspection team consisted of 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. Their area of expertise is people who have learning disabilities and autism.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We reviewed information received from the local authority commissioners. Commissioners are people who find services which are paid for by the local authority.

During our inspection visit we spoke with 15 people living at Halas Homes all of whom have a learning disability and some of whom are on the autistic disorder spectrum.  Some people were unable to verbally tell us their experiences of living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also used people's own methods of communication such as Makaton signing, and communication books to obtain their views on the care provided. We spent time observing people's care in the communal areas of the home. We also observed people's social activity within the providers on-site activities centre known as, 'The Meeting Place'. We spoke with the registered care manager, the provider's representative, four care staff, a senior, the deputy manager, and the cook. We also spoke with a visiting community health professional and a visiting singer/entertainer We looked at four people's care and medicine records, three staff files, training records, accident and incident records, complaints and compliments and sampled the provider's monitoring tools.

Good

# Is the service safe?

## Our findings

At the last inspection on 10 June 2016, we rated this key question as 'Good.' At this inspection the rating remains Good.

People continued to feel safe and told us this was because staff talked to them about their safety. One person told us, "I'm never frightened or worried." Another person told us they did not worry about their safety because, "They're [staff] are near to you". We saw from records of weekly meetings that people had regular platforms to discuss their safety. For example, "What makes you unhappy?" was one topic discussed. A person had said, "When someone upsets me". We saw this feedback was reviewed and acted on to make sure the person felt safe. The provider was proactively looking at ways to improve people's perception of safety and had also invested in a project entitled; 'Safeguarding Yourself' which consisted of IT and talking sessions aimed at educating people about their personal safety.

All the staff members we spoke with knew how to recognise different types of harm or abuse. They had received regular training and knew how to escalate concerns both to the management and external agencies. There had been no safeguarding concerns at this service.

Records showed accidents and incidents continued to be reviewed and we saw examples of lessons learned which were shared with staff. For instance staff confidently described the factors that could make people feel distressed, such as loud noises and the actions they took to minimize the impact on people's behaviour.

Staff supported people's safety whilst managing any risks associated with people's choices. One person told us, "I go out, I can cook and get my own drinks". We saw that risks had been thoroughly assessed for supporting people in the community, undertaking daily living tasks, accessing the kitchen, or using transport. These contained detailed guidance on how risks should be managed. Staff confidently described how they supported people and we saw they followed guidance to keep people safe.

Everyone we spoke with told us there were enough staff to support them. One person said, "Lots of staff, they take me out and at night they come if I need them". Staff confirmed there were enough staff to meet people's needs. Additional staff resources were provided for a person who had been assessed as requiring a higher level of support due to their medical condition. A staff member said, "People come first; the manager arranges cover and we are never short". We saw staffing levels were monitored. The provider continued to operate safe recruitment processes and we saw checks were made on the suitability of staff before they commenced work. Reference checks, Disclosure and Barring Service (DBS) check; and a full employment history was completed.

People told us they had their medicines when they needed them. One person told us, "I have it every morning if I go out staff take it with us so I don't miss it". Staff told us and we saw they had regular medicine training and observations of their practice to ensure it remained safe. How people express pain was recorded so that staff could tell if they needed medicine. Daily audits of medicine records and balance of stock remained robust to identify any errors.

Our observations showed staff were consistent in maintaining a clean-living environment and wore personal protective equipment such as gloves and aprons to reduce the risk of infection.

Good

# Is the service effective?

## Our findings

At the last inspection on 10 June 2016, we rated this key question as 'Good.' At this inspection the rating remains Good.

A full assessment of people's needs had been completed which included the person, their family and other social and healthcare professionals. We saw assessments were thorough and captured people's needs, histories, and their preferences. The provider had ensured staff had the skills to meet people's needs effectively. For example, in addition to mandatory training staff completed training specific to people's needs such as autism, or medical conditions such as epilepsy. One staff member told us, "I'm doing dysphagia training soon which will help me to manage the risks to those people who might choke on food or drinks". A visiting professional was very complimentary about staff knowledge, they said, "This is a gold standard care home. I love it here."

New staff confirmed they completed an induction using the care certificate training. This ensures staff have the knowledge and skills specific to their role. All the staff told us they continued to have regular supervision and support to help them understand their responsibilities. One member of staff said, "I was given lots of support and always told to ask; management are very supportive, this is the best place I've worked in years".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us they made their own decisions and we saw staff presented them with choices and sought their consent. One person told us, "I choose what I want to do". Another person said, "When staff look after my keys they ask me if it's alright with me". We saw other agencies were involved in best interest meetings where people were unable to consent to aspects of their care. Decisions from such meetings were recorded and staff knew what support was needed in those specified circumstances.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the provider was working within the principles of the MCA. They recognised where people's liberty was restricted and had authorisations in place. We observed staff knew whose liberty was restricted and supported people in line with their DoLs which was explained in the persons care plan. Staff confirmed they had training in the MCA and demonstrated a good understanding of this legislation.

People told us meals were 'nice', other people 'signed' that they liked them; [thumbs up and tummy rub]. Regular meetings between people, catering and management staff took place to discuss choices. We saw that people had appropriate adapted cutlery to eat independently. Coloured utensils as advised by the dietician as being more appropriate for use by people who have dementia, were in use. There was a proactive stance in providing choice and enablement for people living in the supported living house where

they shopped, planned and prepared meals of their choice. We saw staff were well informed of people's nutritional needs and meals were presented in line with the speech and language [SALT] guidance.

People were supported to attend appointments with health care professionals. We saw examples of where staff supported people in creative ways to overcome obstacles to accessing health care. For example sending photographs of a person's injury to the GP for diagnosis where the person refused to see the doctor. Another person was supported to visit the surgery several times until they were comfortable with a consultation. Staff told us they were, "So proud" of a third person who had gained the confidence to have an operation which was a success.

The environment met people's needs; it was spacious, comfortably furnished and included a choice of lounge areas suited to some people who enjoyed less noise or company. People told us they were happy with their bedrooms which we saw had been decorated to their tastes. Four people told us how they enjoyed living more independently in a small house on site. Outdoor space had been carefully landscaped to provide level access, flower beds, vegetable patches for home grown vegetables, a 'dementia walkway' and an on-site 'Meeting Place'. These initiatives showed people's needs had been considered.

Good

# Is the service caring?

## Our findings

At the last inspection on 10 June 2016, we rated this key question as 'Good.' At this inspection the rating remains Good.

People's comments were consistently positive about the caring approach of staff. They said, "I love these staff, [pointing], they are good to me", "They are very nice and kind and take care of me" and "They talk to me and when I am sad they make me happy".

We saw people had positive relationships with staff and were confident and relaxed in their company. One staff member told us, "Some people have a regular routine; where they sit or what they do, we make sure they have this time to do things important to them". We saw people were supported in this fashion; one person enjoyed 'puffing up' the cushions on the chairs, another person was assisted with their iPad and headphones and gave us a 'thumbs up' when we asked if they liked listening to their music. A staff member told us, "It's about being mindful and respectful of people". Staff understood people's individual preferences in relation to their emotional needs. For example, where people were distressed staff supported people with specific items that brought comfort, a quiet space or a familiar routine. Staff were trained in Reiki, a form of massage and relaxation, and told us some people enjoyed this.

People were supported to maintain relationships with people close to them. One person told us staff were supporting them to visit their girlfriend in hospital. Other people told us their family and friends could visit at any time. People were supported to attend religious services of their choice.

People told us they had regular meetings to discuss their care and make decisions about daily living, routines and activities. We saw people used this platform to address their feelings, for example people identified what made them sad and one person said, "Seeing someone go; [death]". We saw staff used this opportunity to support people over a recent bereavement in the home. We saw people continued to be supported by advocacy services; future planning and decision making for a person had included their advocate.

People told us staff encouraged their independence; one person said, "I do my laundry and clean my room". A staff member told us, "We encourage independence; some people manage their money, make their own drinks or meals".

The provider supported staff to have lead roles such as a Dignity Champion, and they had received an award from the National Dignity Council. Staff had a thorough understanding of promoting and respecting people's dignity. This included ensuring people had private time with their personal relationships, supporting people's appearance and ensuring people had keys to lock their room and secure their possessions. Staff modelled kindness and respect in their interactions with people and when referring to people. They took their time, were patient, spoke softly and politely. They displayed a good understanding of the principles of good care and told us they had training sessions on respect, privacy, dignity and independence. We saw a warm, positive and enabling culture within the home.

Peoples' personal information was stored securely and staff were aware of the need to maintain confidentiality. Staff were observed to be discrete and sensitive when supporting people with their personal care.

Outstanding ☆

# Is the service responsive?

## Our findings

At the last inspection on 10 June 2016, we rated this key question as 'Good.' At this inspection the rating improved to outstanding.

People continued to be actively involved in planning their care and their preferences were at the heart of the care they received. One person said, "My keyworker is [name] I sit with [name] and do care plans and reviews. I like swimming, I like going out, they take me out for meals and coffee, I like living here". We saw the routines of the day were flexible and needs led; mealtimes were in two sittings so that people had additional support and a quieter meal experience. Additional staff resources were provided for a person who had been assessed as requiring a higher level of support due to their medical condition, this ensured that care was focussed on the person's needs.

The continual assessment of people's needs had identified their individual lifestyle preferences. For example, some people managed aspects of their living arrangements such as shopping, cooking, travelling, managing their money or personal mail. This was arranged in a smaller on-site house with staff support. One person told us, "It's nice living here, staff help me but I can do my own things". This focus on people's individual preferences also enabled people to be as independent as possible and contributed to people experiencing an enhanced sense of well-being.

Care plans were detailed and captured people's individual needs, their history and preferences. Staff told us they found care plans contained all the information they needed to be able to deliver people's care in an away they needed. For example, one staff member said, "Some people have different methods of communicating, this will be explained in the care plan so we are familiar with people's words or gestures". People's care plans had been reviewed regularly with input from them and their family or representative.

Staff told us there were daily handovers to discuss the needs of people and any changes to people's care were shared. One staff member said, "Handover is really good, keeps us up to date with changes and helps us have a consistent approach". Staff spoke positively about their supervision and team meetings which enabled them to reflect and improve on the quality of care people received. They had a good understanding of people's needs and the expected standards of care. Staff said they were encouraged to discuss and be creative in how they could meet people's needs.

There was a positive and enabling culture within the home which was supported by workshops and training for staff around the principles of good care. This included staff 'champions' and focus groups to consider best practice in relation to dignity, choice, respect, independence and autonomy. This had led to all staff having a consistent understanding of promoting equal opportunities for people. An example being involving people who lived in the home in staff interviews. This was an important factor in involving people in decisions about who would provide their care. It also enabled people to feel in control of their care and of who supported them in their home. Our observations showed that staff understood and put into practice these shared values. One staff member told us, "Everything we do is based on providing good care and enhancing people's experiences.

People received a service that was focused on their individual needs and there were examples of staff going that extra mile to address people's needs in relation to equality and diversity. An example was a person living in the home who had the onset of dementia. Staff explored and identified that they loved to watch the birds in the garden. They had looked at ways in which they could build on the person's interest. They had purchased a bird table and erected this directly outside of the window the person sat at. Staff had worked out a routine with the person so that they were provided with utensils and bread each morning. We saw the person could sit comfortably and work the bread in to fine breadcrumbs for the birds. They spent two hours dedicating themselves to this task and told us, "I feed the birds every day, I can't miss it they rely on me". A member of staff told us, "This makes [name] very happy, gives a sense of achievement and is so good for [name]'s well-being".

There was a genuine focus on providing opportunities for people to experience and enjoy sensory stimulation. For example, the provider had created a 'dementia path' in the garden with scented plants, shrubs and a seating area. This was created in response to people who were experiencing the onset of dementia so that they could enjoy aspects of the garden designed around their needs. The provider had invested in a summer house in which staff could practice Reiki to help people relax or where people could just enjoy 'quiet space' if they wanted this. This helped to provide a calming environment that supported people to maintain a positive sense of well-being.

A person who was recently diagnosed with a medical condition, enjoyed swimming. Staff had researched the benefits of warm water swimming and arranged for the person to attend weekly swimming sessions at a hydrotherapy pool. The person told us, "I sit with [name of staff], he's my keyworker and he asks me what I want to do, I like swimming and they take me now". We saw that the provider had incurred additional costs and staff resources to enable this activity to take place. It was evident that staff were committed to enabling people to pursue and explore new interests and hobbies.

We saw in response to people's interests and needs links had been forged with the local college for people to get involved in education related to their health and well-being. In this project people worked alongside the college students following a 'Trim Trail', designed to keep people aware of their health and fitness. In addition, a new project called 'Do you see what I see?' was planned to enable people to get involved in photography. By working with the local college people would be encouraged to take their own photos, download them and view them on a projector screen. This would be used to encourage discussion and explore people's perceptions. The plan is to exhibit these around the country. These initiatives meant that people were enabled to become active members of the local community and explore new interests and hobbies that would not be possible without the support of the dedicated staff at Halas Homes. This also enhanced people's sense of achievement.

We saw the garden was well utilised for growing plants and vegetables. Many people engaged in this as part of the 'gardening club' they had established. People told us they had their own off-site allotment to grow vegetables and they cooked and ate them. We saw positive feedback and testimonials from people confirming their enjoyment. For example, one person had said they, "Like doing the weeding", another person told us how it made them feel, "I'm happy when I'm doing it I like picking what I've grown; feel proud".

The service had a key role in the local community and had actively built links with local schools, colleges; local people and the wider community. They had sustained these ventures for many years. For example, the gardening club had successfully grown into a community venture. This had involved people who lived at the home volunteering in the local area to maintain the upkeep of flower beds; regularly weeding and re-planting. We also saw they had successfully won recognition for their efforts in the form of a Gold Award for

the local community in bloom competition. In addition, we saw extremely positive compliments from the local chair and coordinator praising the inclusive and cohesive way in which the project had worked within the community. For example, in merging with the local schools to maintain an allotment and establishing regular plots in the local community. A quote shared with us said, "Halas Homes are a shining example of how volunteering in the community can be mutually beneficial for all. Halesowen in Bloom along with the community of Halesowen are grateful for the efforts of the volunteers. We have seen greater community cohesion at the heart of the project and love having Halas Homes as part of this".

We saw many people participating in one of the weekly on-site sessions of 'Sing and Sign'. People were clearly animated, confident and proud of their performances as reflected in their smiles and the applause from their peers. The choir had been established for many years in which they had performed at many arena's. This venture had provided an opportunity for people with learning disabilities to communicate through signing and signing. We heard from people that these opportunities to celebrate their abilities made them extremely proud. People's feedback included; "Really happy and excited, makes me smile". "Makes me feel happy and enjoy learning actions to new songs". The Sing and Sign choir is the only choir for people with disabilities, who have successfully performed at many events at the Symphony Hall. We saw feedback from the Programme Manager at Birmingham Symphony Hall congratulating the choir for celebrating their ability and diversity. A staff member told us, "Our choir members have taught signing to other choirs they perform alongside; it's quite amazing". This achievement was another positive example of how the provider had continued to develop a sense of inclusion for people with disabilities. There was also recognition of the positive working relationship in the testimonial from the Programme Manager at Birmingham Symphony Hall who stated, "Amazing experiences that both performer, audience and staff alike all take away from each event that they are part of".

There was a wealth of evidence that demonstrated the providers commitment to providing social, educational and work experiences that were responsive to people's needs and enabled them to live as full a life as possible. One such venture 'Coffee Cups' is a café in the local community owned and managed by the provider, which provides opportunities for people with learning disabilities to learn and develop skills in a real commercial working environment. The provider's statement read, "The long-term plan of this new social enterprise project is to enable people with a learning disability to enhance their employability skills and prove that people with a learning disability can contribute to society. In addition, an employment team with a coach was based on site. We heard that a person had successfully found employment after being supported with work skills.

The provider had successfully explored external funding streams to enable them to focus on the needs of people being supported and to enhance their social opportunities. For example, they had secured funding from the national lottery which had enabled the provider to employ artists to teach creative art. A dance teacher also taught dance with 'Dance Unity' also performing around the country at several events. A person explained that being part of the dance club, "Makes me feel happy gives me more energy". New ventures were also beginning to take shape which included the use of technology. For example, plans were underway for people to design the music for their dance routine using an IPAD, and subsequently perform the dance using an IPAD orchestra. It was evident from the many examples that people's abilities were celebrated and the service was tailored to the varied interests of people as well as providing new and exciting opportunities to enhance people's experiences.

People were provided with information in a way they could understand. The registered manager was aware of and working within the Accessible Information Standards (AIS). This aims to provide people who have a disability or sensory loss with information in a way they can understand. Staff knew how people liked to communicate and we saw people were given information in individually appropriate ways. This included

pictures, Makaton signing, Widget symbols and colourful semantics. We saw staff used these formats in a meaningful way to support people to communicate. For example, a person was prompted to use their communication book to tell us about their history, what they liked and how they spent their time. We saw hospital passports were in place and these had been used recently to support two people to attend the doctor and the hospital. A staff member said, "I took the passports so that hospital staff would know how to communicate with the person". We saw signage around the home was produced in picture form, for example hand hygiene signs and fire exit signs. A staff member said, "It's important everyone can understand it, not just the staff". Photographic menus were on display to remind people of daily options. People's care plans and meeting minutes were re-produced in easy read and picture format to assist people's understanding. Additional information and photographs showed people from Halas Homes were provided with important information that affected them. This included a heart disease leaflet containing information for people with learning difficulties and a Dementia booklet in picture form.

Staff were aware that some people would be unable to make a complaint due to their communication needs and level of understanding. However, they were aware when people were unhappy. We heard how recognising a person's change in mood had led to staff exploring their concerns with them and they had acted to resolve the issue. People had access to a pictorial easy read complaints procedure and this was on display. Some people told us they were aware of the complaints procedure and were confident any concerns they raised would be addressed. We saw there were several platforms designed to explore people's views such as weekly meetings in which people were prompted to express any concerns. People had named family or representatives to advocate for them and regular family meetings encouraged the sharing of information. Where complaints had been raised these had been addressed. All complaints were escalated to the registered manager for response.

The provider supports people with end of life care. The registered manager confirmed that if people required end of life care they would discuss the person's wishes and preferences in relation to this and involve family and or other professionals.

Good

# Is the service well-led?

## Our findings

At the last inspection on 10 June 2016, we rated this key question as 'Good.' At this inspection the rating remains Good.

People consistently told us that they liked the staff, the registered manager and living in the home. A person said, "It's a really nice place to live, staff are good to me". Another person said, "They [staff] are very nice, I like living here".

The provider had a leadership structure that people and staff understood. There was a registered manager in post who was supported by the chief executive and senior care staff. The registered manager told us that she was supported daily by the chief executive who had regular contact with her, the staff team and people who lived in the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff told us the home was well managed and that they had consistent support and advice from the registered manager. Staff were positive about their work and told us the registered manager set high standards, was approachable and people were always the central focus. Staff had confidence in the provider and manager and told us the home was well run with good communication. One staff member said, "I think what we do well is take time getting to know people and working with them, there's a really nice culture here". Staff had been well-informed about procedures which included the whistle blowing policy and their duty to report incidents. They gave us a good account of what they would do if they were witnessed bad practice.

There was a positive and enabling culture within the home which was supported by workshops and training for staff around the principles of good care. This included staff 'champions' and focus groups to consider best practice in relation to dignity, choice, respect, independence and autonomy. Our observations showed that staff understood and put into practice these shared values. One staff member told us, "Everything we do is based on providing good care and enhancing people's experiences". An example being involving people who lived in the home in staff interviews. This was an important factor in involving people in decisions about who would provide their care.

The systems to monitor, assess and improve the quality of the service continued to be consistent. Audits were carried out across all areas of practice such as medicines, health and safety, infection control, and reviewing accidents and incidents. There was an effective system for escalating these reports to the provider to support their quality monitoring.

The provider had continued to ask people for their feedback regarding their experiences. We saw people, their relatives and visiting professionals had provided feedback which was complimentary, this was in the process of being analysed.

There was a focus on continuous improvement. This extended to outside of the care home and was reflected in their development of and commitment to providing social, educational and work experiences. This helped the provider to develop their vision for people who used the service. For example, they had continued to increase opportunities and build their links with the local community. The provider had established key personnel and a structure that had enabled them to develop provision for people who have a learning disability so that they could live as full a life as possible.

The provider worked in partnership with many other agencies such as the learning disability services and health care professionals to provide effective healthcare and support. Because of recent research regarding a medical condition that affected a person at the service, the provider had liaised with clinical specialists. They were participating with research to keep up to date with best practice to benefit people at the service. There was continuous collaboration with many community initiatives so that people could access services and take an active part in the wider community.

The provider was fulfilling legal requirements to inform us of incidents that affect a person's care and welfare. They had displayed their inspection ratings both on site and on their website.