

Minstead Trust

# Minstead Trust

## Inspection report

London Minstead  
Minstead  
Lyndhurst  
Hampshire  
SO43 7FT

Tel: 02380812297

Website: [www.minsteadtrainingproject.org](http://www.minsteadtrainingproject.org)

Date of inspection visit:

26 April 2019

30 April 2019

Date of publication:

18 June 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Minstead Trust is a residential care home providing personal care to seven people who have learning disabilities at the time of our inspection. The aim of the service is to provide people with positive opportunities to learn and develop the skills necessary to become more independent, whilst receiving care and support in a safe environment.

The outcomes for people using the service reflected the principles and values of Registering the Right Support. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service:

At our last inspection in November 2016 we rated the well led domain as 'Outstanding'. Our inspection findings, and the feedback received, at this inspection now supported a rating of 'Good'.

People felt safe living at Minstead Trust and they were very much at the heart of the service. We received consistent positive feedback from people, their relatives and health professionals. People received excellent care, based around their individual needs that ensured care was personalised and responsive.

Staff understood the needs of people using the service and supported them in an exceptionally personalised way. Staff knew people well and we saw that care was provided respectfully and sensitively, taking into account people's different needs. The impact this had on people was outstanding and had resulted in people living an active life with choice evident throughout.

Staff developed exceptionally positive and caring relationships with people and their families. Staff were highly motivated and demonstrated a commitment to providing the best quality care to people in an individualised and compassionate way. People's privacy and dignity was always maintained.

Each person had a plan of social, leisure and educational activities that had been tailor made for them. Their plans considered how they wanted to live their lives as well as their emotional and health needs. People and staff had regular and comprehensive discussions to review each person's support plans to make sure they always considered their holistic needs.

People were cared for by a motivated and well-trained staff team, who always put people first. Staff had the specialist knowledge and skills required to meet people's needs.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe. The culture of the service was open, transparent and progressive. All the staff were committed to continuous

improvement of the service, individual care and looking at the provider. People using the service, their relatives and the staff felt valued. The service developed and promoted community involvement within the home.

Rating at last inspection: At the last inspection the service was rated as Outstanding. (Report published 03 December 2016).

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

Follow up: We will follow up on this inspection as per our re-inspection programme, and through ongoing monitoring of information received about the service.

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

## 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 caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Minstead Trust

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Our inspection was completed by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Minstead Trust is a care home. People in care homes received accommodation and personal care as a 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 who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We did not give notice of our inspection.

#### What we did:

Before the inspection, we reviewed information we had received about the service including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with four people who use the service. Following the inspection, we spoke

with four relatives by phone. We spoke with the registered manager, one of the directors, deputy manager, and four support staff. We looked at care records for four people, medicines records and recruitment records for five care staff. We looked at other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

Following the inspection, we also received feedback from two healthcare professionals.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and supported by staff. One person told us, "I feel safe". A relative said, "One of the reasons he feels safe is that he trusts all the staff at the Lodge". Another relative told us, "Most definitely my son feels safe because he is quite vulnerable, I pick up on any problems he may have, and I can contact Minstead Lodge any time". Other comments included, "I would know if my daughter wasn't feeling safe", and "I know he is feeling safe there".
- Staff had the knowledge and confidence to identify safeguarding concerns and act on them. A safeguarding policy was in place and staff were required to read this and complete safeguarding training as part of their induction.
- Staff knew how to recognise abuse and protect people from the risk of abuse. Records showed staff had completed training on safeguarding adults from abuse.
- Staff we spoke with told us if they had any concerns they would report them to their manager, and if no action was taken would approach more senior staff in the organisation.
- People benefitted from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Staffing and recruitment

- People, and their relatives told us there were sufficient numbers of care staff available to keep people safe.
- There were enough staff deployed to meet the needs of people. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support.
- Staffing levels were determined by the number of people receiving care and support. Staff told us the number of staff was sufficient to look after people's routine needs and support people individually to access community activities. The allocation of staff working in the community was based on each person's needs.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Assessing risk, safety monitoring and management

- People had individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm.
- Staff showed that they understood people's risks and we saw that risk assessments were monitored and reviewed with people. These included environmental risks and any risks due to the health and support

needs of the person.

- A business continuity plan was in place and described how people would continue to receive a service despite events such as the loss of heating.
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of what actions they should take in the event of a fire and fire safety equipment was maintained appropriately.
- However, we noted that water management systems were not always safe. For example, water samples had not been taken recently and not all appropriate checks were in place. We spoke with the new responsible individual for water management who had already identified these concerns and made appropriate arrangements to ensure water systems were safe and in line with legislation.

#### Using medicines safely

- There were appropriate systems in place for the recording and administering of prescribed medicines. Medicine administration records (MARs) confirmed people had received their medicines as prescribed. There were also effective procedures for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when medicines had been given. Homely remedies were available for people if required.
- Staff had received training in the safe handling of medicines. Records showed that staff had completed an assessment of their competency to administer medicines in line with best practice guidance.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

#### Preventing and controlling infection

- Staff demonstrated a good understanding of infection control procedures. Staff had completed infection control training.
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.

#### Learning lessons when things go wrong

- There were processes in place to enable the manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

# 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

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 received care and support which met their needs. When people moved to the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- Care plans provided information about how people wished to receive care and support. The care plans seen were detailed and provided staff with the person's life history and their desired outcomes from the care and support. The care plans described people's needs in a range of areas including personal care, daily living activities, and meal preparation. The provider had now updated their care plans to a live system on line and records were accessed electronically.

Staff support: induction, training, skills and experience

- Relatives we spoke with felt staff were well trained. One relative told us, "I believe so completely that all staff are well trained and skilled in what they do". Another relative said, "When my son was having lunch one day, he choked and there were three members of staff present and one member of staff attempted the Heimlich manoeuvre successfully whilst the other two members of staff calmed down the other residents in the room, so if this staff member had not been trained in first aid my son would have continued choking".
- New staff completed a comprehensive induction programme before working on their own with people. Arrangements were in place for staff who were new to care to complete the Care Certificate. This qualification is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.
- People were supported by staff who had access to a range of training to develop the skills and knowledge required to meet their needs. Records showed most training was up to date.
- Records showed staff had completed additional specific training to ensure they had the skills necessary to meet people's needs. For example, all staff had to complete epilepsy awareness training as part of their induction.
- Staff we spoke with felt supported and told us they participated in regular supervisions. Supervision provides an opportunity to meet with staff, provide feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to enable them to develop.

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

- People we spoke with enjoyed the food provided. One person told us, "Food, nice, lovely". Relatives we spoke with were happy with the support their family members received. One relative told us, "My son is encouraged to make his own breakfast with the help and support from his key worker, but the other daily meals are provided in the residential kitchen".

- Staff were aware of people's dietary needs and preferences and supported them to eat, drink and maintain a balanced diet. Care plans provided staff with information on people's food likes and dislikes.
- During the week, people could join friends from the providers day service and have lunch together in the main dining room of the lodge.
- Staff made mealtimes a positive and sociable experience for people. There was a relaxed atmosphere in the dining room, the meal was unhurried, and people chatted with each other and with staff.

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

- People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional.
- Information about people's health needs was included within their care files and health plans, included information as to what support people may need in relation to these. People had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted helping medical staff understand more about the person.

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).

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.

- Staff were clear about the need to seek verbal consent before providing care and staff had a good understanding about people's ability to consent and what to do if they could no longer give consent. Staff told us that some people could make day to day decisions on their own.
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

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

- People we spoke with told us they liked living at the home. The environment was appropriate for the care of people living there. People's rooms were personalised. There was a communal lounge with TV, and gaming station and a separate kitchen.
- The home was in part of a manor house where people living there had access to day services, a small farm and large gardens. An addition of a coffee shop and games area had recently been introduced which people could also access.
- People's bedrooms were personalised to their own tastes and preferences. People's likes, and hobbies were reflected in the pictures and ornaments they had in their rooms.

# 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

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

- Everyone we spoke with told us they enjoyed living here, praised staff and told us they were treated with kindness and compassion. One person told us, "I like living here, staff are nice".
- All the relatives we spoke with felt staff were kind and caring when they supported their family. One relative told us, "My husband and I have been out with my son and his key worker, so we have been able to observe how kind and caring his support [staff member] is with him". Another relative said, "I would definitely say that my son's key worker is kind, caring and firm when supporting him and respecting him as an adult". Other comments included, "Most definitely they are kind and caring when they support my daughter", and "My son's key worker always communicates with him in a kind and caring manner".
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. A relative told us, "I have observed just how well they know my son and his likes and dislikes and support him in achieving them".
- Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude.
- During our inspection people would visit the office to speak to the registered manager and staff. It was obvious that this was a daily occurrence and that people enjoyed spending time with staff chatting about their day. It was clear that people were confident in the staff.

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

- People's care records included information about their personal circumstances and how they wished to be supported. When people moved into the service, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received.
- Relatives told us they and their family member were consulted in their care. One relative told us, "His key worker always asks my son to do things that he is capable of doing". Another relative said, "We were involved in my daughters latest review of her support plan in February this year. The changes in support related to arranging further speech therapy and organising a visit to a sensory room on a regular basis".
- Records showed staff consulted people about their care, and how it was provided. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with dignity and respect. One relative told us, "Definitely, as my son can be quite a challenge. The support staff and his key worker have a good understanding of his behavioural challenges and have developed a kind strategy in supporting him to

understand his feelings and any negative behaviours". Another relative said, "Definitely, especially when they are enabling and supporting her with personal care tasks". Other comments included, "Very much so, especially relating to his privacy", and "Absolutely, on a daily basis".

- Staff we spoke with explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up.

- Staff understood the importance of promoting and maintaining people's independence. Staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this, whilst also providing care safely. Care plans promoted independence.

- Relatives we spoke with felt that staff encouraged independence. One relative told us, "As a mum I tend to do too much for my daughter. Her key worker encourages her to do as much as she is able to such as personal care, dressing, shopping, washing her clothes, cleaning her room, going to day care, socialising etc". Another relative said, "They [staff] do encourage my son to be independent as much as he can be".

## Is the service responsive?

### Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;  
End of life care and support

- People received outstanding person-centred care and were supported to follow their interests and make choices about how they spent their time. One person really enjoyed ice skating and had lots of medals and trophy's in their room that they had won in competitions. Staff supported them to get to ice skating and arrange sessions. Staff we spoke with were proud of how well the person was doing with their ice skating and knew what it meant to them to continue their interests. Their relative told us, "My son is obsessive in his ice skating so they [staff] make sure he can participate on a very regular basis, weekly".
- The service recognised and responded to people's needs for social interaction and mental stimulation and many person-centred activities took place daily. For one person they had been able to gain paid employment with support from staff. The person worked at a local café and part of their duties were working on the cash till. Staff were on hand to support them if needed. We spoke to a staff member that supported them who told us how well they were doing and had come a long way. They told us they were doing a really good job and very rarely needed staff support.
- Another person enjoyed working with horses and staff had supported them with a voluntary job with horses which was very important to them. We spoke with a health professional who told us staff had been very supportive and understood their needs very well. They also told us staff were very responsive and their behaviour had improved after being there for only a couple of months. This meant their supervised one to one hours were able to be reduced as a result as they no longer needed them.
- The staff were flexible and responsive to people's needs and preferences, often finding creative ways to enable people to live as full a life as possible. For one person, it is important for them to go to church and staff support them with this. During Christmas and Easter, people and their family and friends attended the local church where the person gave a reading at the service. People friends and family were invited back to the home afterwards for refreshments.
- People experienced care that was personalised, and care plans contained detailed daily routines specific to each person. Care plans were person centred and put people at the heart of the service.
- People were involved in their care planning. People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff's understanding of the care people required was enhanced through the use of their care plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. Peoples changing needs were being met. For example, one person had gained employment at the providers formal gardens which are open to the public. Their care plan detailed how they are able to direct visitors where to park their cars and the support they need to achieve this. Staff informed us they really enjoyed this and were paid for their services.
- Care plans were reviewed regularly by people's keyworkers. All the people needing care and support from

the service had a keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. One relative told us, "My daughter has two regular key workers supporting her throughout the day and if needed during the night". Another relative said, "My son has one key worker every Tuesday as he works in the gardens, plus outside Minstead Lodge, washing cars". A third relative told us, "We had a recent review of our sons support plan following an illness some two to three months ago. We are also notified via email or phone call of key events and we are always involved in decision making".

- People had access to a range of activities both within the service and outside. Care plans were in place for activities with a strong emphasis on promoting independence and not disempowering people. The provider also had a day centre with a small farm, wood workshop, garden nursery and arts and craft sessions that people living at the home could attend.

- During our inspection we observed people working on the farm, looking after the goats, sweeping and cleaning the stables. We spoke with one person and they told us they enjoyed looking after the animals. Another person was enjoying arts and crafts. Other people were busy in the community, with one person enjoying shopping with their key worker and other people at work experience or at the garden's nurseries. People were working hard, talking to each other in a positive manner and were smiling and laughing together. It was clear each person took great pride in their responsibilities.

- On the second day of our inspection a staff member was supporting one person who wanted to take part on a 5-k race at the weekend and they had gone out for a run together. Other people had heard about it and wanted to get involved and staff helped them by running with them to get ready for the race.

- People also enjoyed activities in the evening, and on our second day, people were getting ready to go swimming and one person attended the gym while another person enjoyed dance and keep fit classes in the evening.

- People and their relatives were happy with the activities offered. One relative told us, "[person's name] is taken out one evening to take part in Zumba. She also loves Drama and Art which she participates at the Day Centre and socialising in the pub, bowling and having coffee and cake in the near town". Another relative said, "He works every day in the gardens which he really loves".

- Staff were very responsive to people's needs. For example, one person had informed staff they wanted to stop working at the garden nursery as it was too cold. Staff asked them if they would like to work in the tea shed within the nursery instead as it is heated, and they said yes and then this was implemented which they continued to enjoy.

- Two people were very interested in going to an event watching 4 x 4 vehicles off road. They weren't on one to one hours for funding for this event so there weren't sufficient staff to take them. A staff member heard this and didn't want them to miss the event and came in voluntarily to take them both to the event. They had a fantastic time and even managed to get free refreshments from the organisers.

- People were encouraged and motivated to become more independent. One relative told us, "His key worker is working very hard at giving him every opportunity to achieve independence before he transfers to Supported Living". One person was being supported to become independent and move to supported living. They can now make their breakfast independently and staff were supporting them with daily living skills to enable them to move on from the service and gain more independence.

- The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us, about different communication styles in place to support people. For example, one person wanted a new phone with a bigger screen. Whilst staff were showing them the options on the internet they observed them struggling slightly to see the information. As a result, an appointment was made for them to see an optician and they needed stronger glasses. When their new glasses arrive, they will continue the conversation as to whether they still need a new phone or if their

phone is now suitable due to their vision being improved.

- Easy read information was available for people who required this. One person had a pictogram board in their room which they used to make choices for activities they would like to do. These are a visual aid to help overcome communication difficulties and to help identify pain.
- When we visited the service, nobody was receiving end of life care. Due to the type of service they don't normally deal with end of life care. However, the service were developing end of life care plans with people if required.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make comments about the service, and the complaints procedure was prominently displayed. The home had a complaints procedure which was also produced in an 'easy read' format.
- On an individual level, any concerns they raised or suggestions for improving care and support were used to improve the service. People had weekly meetings with their keyworker and could also talk with volunteers from Minstead Lodge.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives told us they thought the service was well led. One relative told us, "When comparing Minstead Lodge with other services...I am thankful my son is there". Another relative said, "Everyone seems happy and they continually try to evolve the service". A third relative said, "I just feel that everyone knows what they are doing". Health professionals we spoke with also felt the service was well led.

- There was an open and transparent culture in the service. The provider notified Care Quality Commission of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. The previous inspection report was clearly displayed. Staff were supported and encouraged to raise incidents.

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

- Management and staff were positive role models and were actively involved in supporting people to achieve their goals and ambitions. People using the service completed an appraisal with their support worker to ensure they were meeting their goals and targets. They go through their key achievements with people and ask them what has gone well and not so well, then support them with a plan to meet their goals. For example, one person was not managing to get up in time for work experience or day centre. As part of their plan they will set the alarm every night and get up when the alarm sounds. Staff will support by checking at night that it is set accurately but still letting them retain their independence by getting up themselves. This will then be reviewed.

- There were arrangements in place for people and relatives to provide feedback on the service. Residents meetings were held regularly, and recent minutes showed people were happy living at the home and had been asked for ideas on any changes and activities they would like to try. For example, people were asked if they would like to try dinghy sailing and a few people had expressed an interest, so staff will arrange it. People were also asked to provide feedback as part of the providers service quality assurance process. There were opportunities for family members to attend annual meetings with the board of trustees and senior management, there were family open days which allowed relatives the opportunity to speak with staff and share compliments or concerns.

- Staff meetings were carried out regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the service and were asked for ideas as to how it could be improved.

- There was a strong emphasis on community involvement, with people actively being supported. For example, people had invited residents from an elderly care home over for afternoon tea. This was organised and served by people living at the service. This was a success and they are planning to hold a bigger occasion later in the year.
- One person volunteers at a lunch club for the elderly in the community and staff support them as they could be at risk due to a health condition.
- People were also involved in the wider community. Some of the residents competed in last year's Special Olympics at the London Olympic track as part of the New Forest team for cycling. Staff supported them at the event and the team and individuals won many medals. Due to the success and people's enjoyment people are participating again this year.
- The provider celebrated success through annual awards as part of the trust. People are nominated for awards in different categories. One person living at the home won an award due to their work at the local café and how they have improved their work-based skills.

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

- Relatives we spoke with told us they felt supported by management. One relative told us, "I do feel it is well managed. My son is so happy there".
- Staff were positive about the support they received from the registered manager and management within the service. One staff member told us, "I love working here really do. Since last year lovely team, really good care I believe we absolutely do the best we can all really focused on the residents and as doing as much as possible". Another staff member said, "Management totally supported by them at all times happy with new manager and the structure".

Continuous learning and improving care

- The provider had systems and mechanisms in place to drive continual improvement. The board of trustees, and chief executive officer had considerable experience and specialist knowledge, monitored and supported the senior management team. An external consultant was used to conduct quality audits to review the service's progress against the Care quality Commission's key lines of enquiry and feedback the findings of these to senior staff. The registered manager and their team also conducted internal audits of medicines, support plans, staff training and supervisions, infection control and the environmental risk assessments of the service. Areas for further improvement where identified were followed up at the next audit. These were monitored by senior management.
- The registered manager told us they felt supported in their role and had regular contact with the provider to enable them to keep up to date with the latest practice and guidance. They told us they also attended local forums with the local authority to ensure their knowledge is up to date and to hear about and share good practice.
- Throughout the inspection it was evident that the leadership team were all extremely passionate about their role and took ownership of ensuring improvements were continually to be made for the quality and safety of the care provided.

Working in partnership with others

- The service worked in partnership with the local authority and the local doctor's surgeries and district nursing team. All the health professionals were very positive about the service provided and the staff.
- The provider also worked in partnership with the local college. They had developed an apprenticeship

programme and had one apprentice who had recently started working at the home. The provider and college were also supporting staff to gain national qualifications in health and social care to develop staff skills and knowledge.

- The management and the provider challenged decisions made by external bodies on behalf of people if there was a risk that these might impact negatively upon the person. They had recently supported one person to challenge a very restrictive DoLS decision which did not comply with legislation. They had worked closely with the social worker, advocate, DoLS assessor and learning disability nurse to ensure any DoLS in place was the least restrictive and enabled the resident to continue to develop independence whilst protecting himself from harm. The registered manager told us about the positive impact this had on the person and how their behaviours had changed as a result and they were now very positive about the future.