

EHC Moston Grange Limited

The Fallowfield Project

Inspection report

2 Clifton Avenue
Fallowfield
Manchester
Greater Manchester
M14 6UB

Tel: 01612573742

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

The Fallowfield Project offers 24 hour support to people within a home environment via individual supported tenancies. The service is registered to provide support for 20 people. 16 people used the service at the time of this inspection.

Support is provided to people aged 18 years and over who live with complex needs, including mental health support needs and/or a learning disability. Some people may be subject to certain formal or informal conditions under the Mental Health Act 1983. Accommodation and communal facilities are provided across three houses, all of which are situated within a two-minute walk of each other. One house is dedicated to supporting females only, another house is dedicated to males, with the other property being mixed male and female.

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

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

People who used the service expressed a view they wished to be referred to as 'tenants.' Therefore, this phrase is used throughout this report.

The positive culture, ethos, vision and values of the service were strikingly apparent from the moment you walked into the service. Each and every member of staff we spoke with demonstrated a high values base and were clearly highly invested in ensuring the service was a caring and supportive environment for everyone.

A 'whole service' approach to equality, diversity and human rights had been well established into all aspects of service delivery. This included support tailored to people who identified as lesbian, gay, bisexual or transgender, people of non-white heritage, people who practised faith and those of none.

Many tenants had spent significant periods of their lives in long-term institutional care, with regimented regimes and little personal choice. Staff took a forward thinking and dynamic approach to positive risk-taking which meant risks associated with participation in meaningful activities were not considered a barrier.

The philosophy of the service was to focus on the individual rather than a diagnosis or offending history, and to recognise and celebrate people's unique values, personalities and personal histories. Everyone was considered an equal partner in their personal support journey. Tenants were supported to express their views in a way that was personalised to the individual.

Supporting people to engage in meaningful occupation and activities was a key stand-out feature of the service. Recent examples of positive outcomes included supporting individuals to move-on from the service and into independent living; helping people secure both paid and unpaid employment opportunities; and supporting people to achieve their educational goals.

The service benefited from a highly experienced and long-serving registered manager and team leader. They were exceptionally well supported by a workforce who knew people extremely well and worked flexibly to meet people's individual needs.

Systems and processes for audit, quality assurance and questioning of practice were highly effective and well embedded into everyday practice. External health and social care professionals described leadership and management as 'distinctive' and 'unique' within the sector.

Providing a role for tenants to help evaluate the service from their expert perspectives was well embedded into every practice. There was a mechanism to support tenants in understanding what quality looked like and to increase participation.

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

Rating at last inspection

At the last inspection the service was rated good. (published 12 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 exceptionally caring.

Details are in our caring findings below.

Outstanding 

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 exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

The Fallowfield Project

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was 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

This service provides care and support to people living in across three '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.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with 13 tenants about their experience of the care and support provided. We also spoke with registered manager, team leader, six support workers, the resident involvement lead and three senior managers.

We also 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 looked at multiple records and associated documentation related to the delivery of care and support, governance and safe systems of work.

After the inspection

We asked the registered manager to send us a range documents that supported our findings throughout the inspection visit.

Is the service safe?

Our findings

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

At the last inspection in 2016, this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection we highlighted some low-level issues associated with medicines management. This centred on some care records not always containing guidance for medicines given 'as and when required.' At this inspection, we recognised these historical issues had been addressed by the provider a long time ago, and new and updated systems and processes to ensure medicines were managed as safely as possible had been well embedded into every day practice.
- Where safe to do so, tenants were actively encouraged and supported to take ownership of their own medicines. Comments included, "I have a key for my own medication which is kept in a cupboard and I do my audits and take it when I am supposed to."
- Staff responsible for administering medicines had received comprehensive training and were competent and skilled to do so.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Staff took a forward thinking and dynamic approach to positive risk-taking which meant risks associated with participation in meaningful activities were not considered a barrier. This approach was evidence-based and supported by risk analysis completed by the in-house multi-disciplinary team (MDT).
- Analysis was used extensively to help shape and inform effective risk management strategies and plans. This approach had enabled people to reintegrate back into the wider community, to form new relationships and to lead more fulfilled and independent lives.
- The service had a framework in place which sought to ensure continuous learning when things went wrong. Lessons learnt and outcomes were cascaded throughout the team via staff meetings and handovers to promote shared learning.
- Several tenants had volunteered to become fire marshals. One of the fire marshals told us, "I did my certificate to become a fire marshal and me and [person's name] do the fire safety procedures. We test the alarm on a Tuesday and do all the fire audits."
- Each of the houses had an automated external defibrillator which staff had been trained to use in the event of a medical emergency.

Preventing and controlling infection

- The registered manager had a lead role for infection prevention and control not only within their service, but across the providers portfolio of other services.
- In-house infection prevention and control training had been provided to everyone. One tenant spoke with us about the training they had received and were enthusiastic to show us the hand-gel they carried around with them. This person also spoke with great authority about the importance of good hand hygiene.

- Environmental audits were completed by tenants with feedback provided to the registered manager. A collaborative approach was taken to address any issues in a timely way.
- Through co-production, staff worked with tenants to design and produce a household cleaning manual. These had been used to excellent effect in promoting the benefits of maintaining a safe and clean environment. The manuals also helped to encourage independence through the easy-to-read instructions. One tenant told us, "I keep my room tidy myself and Hoover up and do my own laundry. I also help clean the toilets, mop the floors and take the bins out."

Systems and processes to safeguard people from the risk of abuse

- Safeguarding was reflective of national best practice centred around the principles of 'making safeguarding personal.' Safeguarding practice within the service was focused on achieving meaningful improvement to people's circumstances. Staff ensured a personalised approach that enabled safeguarding to be done with, not to people.
- Safeguarding awareness sessions had been provided to tenants who told us this empowered them to raise concerns in a safe and supportive environment. Comments included, "I have always been nervous about sticking up for myself, but I feel really safe here and we've had safeguarding training. I don't take any rubbish from anyone now!"; and, "I feel safe here because the staff support me when I need it and they talk to me and understand me. I feel comfortable here. They prompt me to do things like cleaning and washing and I've got better since I've been here."
- Where support with personal finances was part of an assessed support need, the service had robust systems and processes in place. Checks included daily auditing by two members of staff, monthly and periodic audits, and an annual unannounced review by head office. One tenant told us, "I've got a big TV in my room which I bought myself. They help me with my medication and my spends. There is a little safe my money goes in. It's all done okay and some of it I keep on me or in a little tin I've got."

Staffing and recruitment

- The service benefited from a highly experienced and long-serving registered manager and team leader. They were exceptionally well supported by a workforce who knew people extremely well and worked flexibly to meet people's individual needs.
- The provider took a 'values based' approach to the recruitment and selection of staff. Once in post, staff were matched as a 'best fit' to people who used the service based on their skills, knowledge, experience, personality and interests. This was done through appraisal, staff meetings, MDT meetings, best interest meetings and manager reviews.

Is the service effective?

Our findings

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

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

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

- Each of the three houses, including communal spaces and individual bedrooms, had undergone a transformational refurbishment since our last inspection.
- The design and decoration had been completed to a high standard that exceeded evidence-based best practice guidance for creating an environment that supported good mental and physical wellbeing.
- Each house benefited from a dedicated private outside space that was integrated into the overall therapeutic design. The overriding standout feature of each house was a feeling of calm and tranquillity.
- Throughout the process tenants had been fully involved. This has been achieved through creating forums where people were able to make decisions, make choices and raise concerns if they did not agree with something. Comments included, "Its really lovely just to have my own fresh bedding and a place to call home."; and, "I chose the colours and furniture in my room, and we all decided on things for around the house. Its amazing."

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

- A popular and well attended gardening club had been established. We saw a wide variety of seasonal produce had been grown, which was then included as an option for people to cook and enjoy. This initiative had helped to promote the benefits of healthy eating and working outdoors.
- Some people were more able at cooking than others, but most were learning to cook meals they enjoyed with the help of support workers and the occupational therapy team. Some people were also learning to cook independently through the use of portable wireless devices to watch or listen to cookery demonstrations via the internet. Comments included, "The garden is wonderful. We grow fruit and veg and I like to clean it up and get rid of the rubbish."; "I do my own cooking and we have our own spaces for our own food but today is my cooking day for everyone and I'm doing them sausage and mash with mixed veg."; and, "Everyone takes it in turns to shop and cook and staff do it on a Sunday."

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

- There was a strong focus on working with people to help them live healthier lives. Some people had very active lifestyles and were involved in cycling, attending the gym, trampolining, swimming and wheelchair dancing. Some people had given up smoking and this had enabled them to save up to visit family and friends and go on holiday. Comments included, "You have to face your fears. If I am emotional [support worker] gives me a hug, listens to me and reassures me that things will be okay.", and "It is not the time you measure it is the progress you are making. I have more confidence and insight since I have been here."
- Some people experienced behaviours that could at times challenge others. Positive behavioural

management plans were in place to guide staff as to the best approach to take to reduce people's anxiety. A member of staff told us, "You get to know people, expression, body language. We reassure people and help prevent a relapse and readmission to hospital."

- Everyone had access to a wide range of healthcare professionals, including a dentist with experience of treating people with complex needs. One tenant commented, "Health wise I have everything I need but the kitchen sink."

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

- Before a tenant was accepted to move into the service, a comprehensive pre-admission assessment was carried out. This involved a multi-disciplinary panel who would meet to ensure the service could meet the person's needs.

- In addition to the skills and expertise of the staff within the service, people benefited from having access to a range of in-house professional expertise such as consultant psychiatry, psychology and occupational therapy. This helped to ensure care and support was consistently delivered in line with national standards, guidance and best practice.

- External professionals held the service in high regard and provided consistent exceptional feedback, in particular around the effectiveness of the MDT approach in achieving positive outcomes for people. Comments included, "The team have enabled service users to make significant progress towards independence, and successful transition into the community."

Staff support: induction, training, skills and experience

- Care and support was provided by a team of staff who were highly skilled and exceptionally well trained. The provider had created a learning environment that encouraged and supported staff to be the best they could be and to achieve their maximum potential.

- A joined-up and fully integrated approach to learning and continuous professional development, supported staff on their individual learning journey starting with a comprehensive induction through to independent practice. One support worker told us, "I'm 63 and before I started working here I'd never even turned on a computer! Look at me now, I've completed a formal qualification in care, and I'm confident administering medicines."

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 when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in a community setting, an application can be made to the Court of Protection.

- A human rights approach was integral to the overall approach to the MCA. The importance of knowing people well, focusing on the least restrictive option and taking all practicable steps to support people to make their own decisions, where possible, was central to this.

- During the inspection we observed staff seeking people's consent before providing support. Staff understood the principles of the MCA and how this applied to their day to day work. The registered manager demonstrated an excellent understanding of the MCA and highlighted the importance of using a human rights approach.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity; respecting and promoting people's privacy, dignity and independence

- The positive culture, ethos, vision and values of the service were strikingly apparent from the moment you walked into the service. Each and every member of staff we spoke with demonstrated a high values base and were clearly highly invested in ensuring the service was a caring and supportive environment for everyone.
- Without exception, tenants told us they found the service to be a kind and caring place to live. Comments included, "I am settled here, I would give it 100 out of 100. I know all the staff by name and I can ask them anything."; and, "I find the staff easy to talk to and I can open up to them about my problems."
- A 'whole service' approach to equality, diversity and supporting people's human rights had been well established into all aspects of service delivery. This included support tailored to people who identified as lesbian, gay, bisexual or transgender (LGBT), people of non-white heritage, people who practised faith and those of none.
- An LGBT awareness session had been organised and delivered by a tenant who had recently moved on from the service and into independent living. This person maintained close contact with the staff team which was testament to the high-quality care and support they received whilst living in the service. People spoke very positively about the LGBT awareness session. Comments included, "I have been in prison and a long-stay hospital in the past, you can never really be yourself in them places. I've got my life sorted now and being 'me' living here is fantastic."
- Combating the effects of institutionalisation had been a high priority for the service and human rights awareness sessions had been provided to tenants. This helped to breakdown traditional power imbalances that many people had been used to and helped to raise the importance of people knowing their human rights and exercising them. Comments included, "I thought human rights was about big issues and not every day stuff too. The session we had was good and I now know it's about every day decisions that are important to me."

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

- Tenants were supported to express their views in a way that was personalised to the individual, either through one-to-one meetings, group forums, or informally at a time when staff felt it was appropriate to capture a moment. For example, we observed a tenant who was sorting their clean washing out in a communal area and a support worker offered to help. The offer of help was clearly well received, and we saw how the support worker then maximised this opportunity to have an informal chat with the person about their recent goals and achievements.

- Information about events within the service were communicated on a regular basis through a tenants' newsletter. The newsletter was co-produced between the registered manager and a tenant representative and showcased people's recent achievements.
- Tenants, their relatives and/or lawful representatives, were fully supported and encouraged to access independent advocacy services. We saw how such services had been used to good effect in supporting people when key decisions about their care and support needed to be made.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The philosophy of the service was to focus on the individual rather than a diagnosis or offending history, and to recognise and celebrate people's unique values, personalities and personal histories.
- An evidence-based approach was taken that focused on 'Five Accomplishments' including the right to be involved in the community; have valued relationships with others; make choices large or small; have the opportunity to learn new skills and to take part in meaningful activities. This approach to positive engagement resulted in a deep sense of trust which enabled staff to provide support to people who had historically been considered 'hard to reach' by others. An external professional had commented, "As a community psychiatric nurse and care coordinator I have service users in The Fallowfield Project who present with challenging mental health issues. I have always appreciated the team-based approach and person-centred care that is delivered."
- The ultimate aim of supporting people to engage in meaningful occupation and activities was to optimise a deep sense of well-being amongst all tenants, and to increase independence. Recent examples of positive outcomes included supporting individuals to move-on from the service and into independent living; helping people secure both paid and unpaid employment opportunities; and supporting people to achieve their educational goals.
- People were enthusiastic to tell us about the kind of things they participated in. Comments included, "I go to college four days to do art and design. It's a two-year course and it occupies my time."; "I'm waiting to move to [name of accommodation] I feel I am now ready to live on my own in a flat. It's being organised with my keyworker and I hope it's going to be sorted soon."; and, "I do part time voluntary work in a shop and do dog walking. I'm planning to do a creative writing class."
- Beautifully creative pieces of art work were displayed in and around the service, designed and crafted by tenants themselves. Many of the pieces were bold in colour, expressive and visually striking, portraying a real sense of feeling and emotion.
- During the inspection, we were privileged to be shown a number of poems and expressive pieces of written work. We were particularly moved by our conversation with one tenant who described to us how they recently completed a course at college and had learnt to write their name. This person was very proud to tell us this now meant they could sign their own support plan and other day-to-day documents.
- The needs of tenants who preferred not to access the community had been met through bringing in external agencies to provide activities chosen by tenants themselves. Once this provision was set up the organisation and coordination was taken over by the individual tenants. One of the tenants had been able to fulfil their lifetime achievement of producing and performing their own magic show. Staff helped this person to make the props and provided moral support. Feedback from people demonstrated the show had

been a great success.

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

- A Resident Involvement Worker (RIW) met with people on a one-to-one basis and provided support and assistance with a variety of issues. Through these sessions, a theme emerged where people needed extra help and support in dealing with matters related to their state benefits and entitlements. In response to this, the provider fully funded the RIW to attend a two-day 'social welfare' training course. After completing the course, the positive benefits for tenants were extraordinary. For example, refunds of over-payments and back dating of benefits that had previously gone unclaimed amounted to tens of thousands of pounds.
- The deep trust and sense of 'family' that many tenants had with their individual key worker meant personal and sensitive matters could be discussed and solutions found, in a way that empowered people and helped them to maintain choice and control, whilst respecting privacy and personal preferences.
- Individual tenants spoke passionately about how critically important it was for them to be involved in all aspects of support planning. One person told us, "They [staff] changed my plan recently but I didn't agree and said they were wrong. I worked with my keyworker to change it and then I signed it off. The staff always say do what you can do and try and do things for yourself and make it your own plan. I feel I have moved on in my rehabilitation. I've mentioned that I might want my own place in about 12-18 months when I feel ready. I can do my own meds and I'm on less supervision and I do a budget."

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.

- The registered manager had an excellent understanding of the AIS and was passionate about ensuring that as a matter of routine, everyone received information about their care and support in a format they could understand.
- The service had well established technical solutions in place which included dedicated computer packages that created a wide range of signs, symbols and visual prompts which meant documents could be easily adapted into an easy-to-read format.

Improving care quality in response to complaints or concerns

- The registered manager operated an 'open door policy' which encouraged and supported people to come into the office and talk about any concerns. We observed several tenants call into the office and the registered manager adopted open body language and actively listened, which people responded to very well. This approach was powerful in creating greater participation and inclusion.
- The provider had a complaints policy in place. We saw a copy of this was in an easy read format and readily available to everyone. A log of complaints was maintained and showed what action had been taken, outcomes and wider learning.

End of life care and support

- The service was not providing any end of life care and support at the time of our inspection. Most tenants had chosen to complete 'My Wishes' which is an 'end of life planning' document that recorded their choices and wishes.
- Holistic 'wrap around' care and support was being provided to a tenant who had recently experienced a bereavement. Staff shown a great deal of kindness, along with emotional and practical support which was helping this person to come to terms with their loss.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Tenant involvement was at the heart of the service. The registered manager was flexible and creative in ensuring they were accessible to all. For example, some people preferred to meet with the registered manager on a one-to-one basis and the registered manager would often arrange to meet people for afternoon tea; for others, their preferred contact with the registered manager would be via mobile phone, instant messaging or email. Tenants spoke positively about this level of engagement. Comments included, "[Registered manager] and me will often meet up and have a brew and some cake. We talk about lots of things and [registered manager] asks how I'm feeling about stuff."; and, "We have tenants' meetings with the staff and we talk about how we are and what we plan to do and anything we want really."
- Providing a role for tenants to help evaluate the service from their expert perspectives was well embedded into everyday practice. There was a mechanism to support tenants in understanding what quality looked like and to increase participation. For example, one tenant was a full and active member of the governance committee, whilst others helped to complete regular audits related to the environment, first aid equipment, fire safety and medication.
- The providers 'whole service' dynamic and progressive approach to equality, diversity and human rights had previously been showcased as an exemplar of outstanding practice. As evidenced throughout this report, this approach had translated into equally outstanding practice within The Fallowfield Project and extraordinary positive outcomes for tenants.
- The foundations to this approach had been laid after the provider accessed CQC's online toolkit for equality, diversity and human rights entitled 'Equally Outstanding.' This online resource had been complimented exceptionally well by a bespoke programme of human rights training delivered by a national human rights charity. Comments from staff included, "The human rights approach has been fantastic. Its transformed things here."
- As a values led organisation, the provider recognised and valued the contribution of staff who were considered equal partners in every area of the organisation. This was well evidenced through the success of a staff development 'away day' held during 2019. Comments from staff included, "To be actively involved and encouraged to contribute to the business and way in which care can be improved for our service users in so refreshing."

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

- The registered manager and staff team were clear about their individual and collative responsibilities and worked seamlessly in providing a cohesive level of care.
- There was a solid framework for lessons learned and continuous improvement which sought to reduce the likelihood of untoward events recurring within the service. This was implemented through enhanced practice, environmental changes and training/raising awareness amongst staff and tenants. Trend analysis reports also formed an integral part of the providers 'Ward to Board' governance process.
- Systems and processes for audit, quality assurance and questioning of practice were highly effective and well embedded into everyday practice. External health and social care professionals described leadership and management as 'distinctive' and 'unique' within the sector.

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

- There was an open, honest and transparent culture within the service and staff demonstrated a high values base. This was clearly led from the top down.
- Accidents, incidents and untoward events were fully investigated, and positive action taken to reduce the likelihood of such events occurring again in future.
- Reports and notifications were made to the relevant authorities in a timely way. Records were robust and completed to a very high standard.