CARE HOME

The Brambles Apartments

Overall: Outstanding

Holly Bank Road, Rastrick, Brighouse, HD6 3JF 0333 323 3977

Provided and run by: The Bridge Community Care Limited

Assessment report published 29 September 2026

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Our view of the service

Dates of assessment: 28 July to 30 July 2026. The Bramble Apartments is registered to provide accommodation and personal care for up to 7 people with a learning disability and other complex health needs. At the time of the assessment 7 people were living at the service.

We assessed the service against 'Right support, right care, right culture' guidance to make judgements about whether the provider guaranteed people with a learning disability and autistic people respect, equality, dignity, choices, independence and good access to local communities most people take for granted. We found people received care and support in accordance with this guidance.

This provider was able to demonstrate how they were meeting the underpinning principles of 'Right support, right care, right culture'.

The assessment was carried out in line with CQC's assessment priorities.

People received exceptionally kind, compassionate and person-centred care from staff who knew them extremely well and consistently treated them with dignity, respect and empathy. Feedback from people, relatives and professionals was overwhelmingly positive about the caring culture and high-quality support provided. Staff understood people's histories, preferences and aspirations and used this knowledge to deliver highly personalised care which promoted wellbeing, independence and positive outcomes.

The provider supplied appropriate, accurate and up-to-date information in formats tailored to individual needs. People were supported to get out and about in the local community. Members of staff supported people to engage in a range of different activities of their choosing. People were supported to plan for important life changes, so they could have enough time to make informed decisions about their future, including at the end of their life.

The service demonstrated a strong commitment to equality, diversity and inclusion. Staff understood and responded to people's cultural, religious and communication needs. People were supported to maintain control over their lives, and to make meaningful choices. Staff used creative and personalised approaches to reduce distress, increase confidence and provide people with purpose and reassurance.

There was a highly positive, open and inclusive culture throughout the service. Leaders were visible, approachable and supportive, and promoted the values of empowerment, individuality and respect. Staff felt valued, listened to and involved in decision making. The provider actively supported staff wellbeing, development and progression, which had created a skilled, motivated and stable workforce and promoted continuity of care.

The provider also worked effectively with relatives, professionals and the local community to improve outcomes and ensure people remained connected to meaningful activities and relationships.

People's experience of this service

People and relatives were resoundingly positive about the quality of care at The Bramble Apartments.

Not all people were able to directly tell us about their care experience and for these people we observed the interactions between people and staff. This approach showed people were included and listened to and staff consistently interacted positively with them. People appeared to be happy and smiling and gave a thumbs up when asked if they liked living at The Bramble Apartments. Another person was able to tell us that it was "good" and they "liked living here".

As a result of the support people received, they had experienced positive outcomes. People had been supported to increase their independence and

follow their favoured interests. For example, one person regularly attended Comic Cons, another enjoyed visits to museums and without exception families told us that people were leading a “fuller and had a good quality life” since being at The Bramble Apartments.

Relatives told us their family member felt safe, and they trusted staff, and we saw how people’s quality of life had improved. Relatives told us, “I am 99.9% sure [person] wouldn't get anywhere better,” and "this is a safe place." Another relative told us, “The Brambles is really nice, [person] has been there just over a year and has completely changed since being there, staff treat [them] really well and respect [them], they are more like a friend, it is really safe.”

Relatives were welcome to visit at any time and told us that staff kept them updated. Comments included, “They will send regular pictures and messages, it helps us still to be involved,” and “Staff are really good at communicating with us, staff send updates and photos at least once a week or more.”

Source: https://www.cqc.org.uk/location/1-20397965490/reports/AP28637/overall

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Safe

Good

17 September 2026

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

This is the first assessment for this service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

This service scored 84 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Learning culture

Score: 3

The provider had a proactive and positive culture of safety, based on openness and honesty. Staff listened to concerns about safety and

investigated and reported safety events. Lessons were learnt to continually identify and embed good practice.

Staff had a clear understanding of the action to take in the event of an accident or incident.

Accidents and incidents were reviewed and analysed and lessons learned shared with staff through supervision, team meetings and workshops. Support plans and risk assessments were reviewed and updated following incidents to reflect any changes in people's needs.

Staff knowledge was checked during handover meetings with senior staff asking two questions either relating to individual people or specific understanding, for example, "What does person-centred care mean?"

Knowledge and learning were also set agenda items within staff supervisions. Staff told us, "We get asked, 'what could be better.'"

A family member told us, "If we have any concerns we can talk to [registered manager] directly, when we've had any issues, they have been dealt with quickly."

As a result, learning was meaningful, well embedded and led to safer care, greater consistency and better outcomes for people.

Safe systems, pathways and transitions

Score: 4

The provider always worked with people and healthcare partners to design, establish and maintain safe systems of care, in which safety was always well managed and monitored. They made sure there was always continuity of care, including when people moved between different services.

The provider demonstrated a strong culture of collaborative working and had established effective, proactive, and innovative approaches to delivering coordinated care and support by working closely with other services. Robust systems and processes ensured that care was planned and discussed with the active involvement of people, their relatives, and relevant professionals. As a result, individuals' needs were thoroughly assessed and understood, enabling them to be met safely and effectively before any transition took place. This person-centred approach supported smooth transitions and helped maintain continuity of care.

In addition, the provider had access to a specialist support team, employed by The Bridge, (the parent provider), who provided support when people experienced episodes of distress. The team were available during the transition period, if needed, to support staff and the registered manager.

For example, one person moving into the service from hospital took several months to transition in a safe and planned way. Staff from the service regularly visited the person in hospital and worked closely with

hospital staff. This helped the person become familiar with the staff who would be supporting them and enabled staff to understand the person's needs, preferences, and how best to provide care. When the person moved into The Bramble Apartments, hospital staff worked alongside the providers core staff team to ensure a smooth handover and continuity of care. This approach went beyond the usual discharge planning process and helped achieve a safe and seamless transition, reducing risks and minimising distress for the person.

A relative told us, “There was a good handover to staff before [person] arrived, the [health professionals] presented information about [person] to the staff team here to make sure they understood what they needed.”

When people moved into the service staff told us, “An assessment and care plan are completed, MDT meetings are held with families, and the environment is personalised to support the person.” Staff also told us they have enough time to read through people’s care records, and any updates are provided via handover meetings and a communication app.

Safeguarding

Score: 3

The provider worked with people and healthcare partners to understand what being safe meant to them and the best way to achieve that. Staff concentrated on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. The provider shared concerns quickly and appropriately.

There was a strong understanding of safeguarding and how to take appropriate action, underpinned by safe systems, processes and practices to make sure people were protected from abuse and neglect. Staff told us, “I would report it [abuse] immediately to a senior, if not addressed I would escalate it further, we have a safeguarding officer and can email them too.”

The registered manager operated an open-door policy, to support both visitors and staff to raise concerns, and seek advice without fear of judgement of repercussion. CCTV was installed within some people’s flats, which provided an additional tool to support individuals allowing them a safe space and time alone. Where CCTV was used risk assessments and Mental Capacity Assessments (MCA) were in place. A relative told us, “This is a safe place" and “[person] is happy.”

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this can be done through a procedure called the Deprivation of Liberty Safeguards (DoLS), which is part of the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and how they managed DoLS within the service. We found that the registered manager kept a record of DoLS applications and authorisations, and this was regularly reviewed to make sure authorisations were current.

Involving people to manage risks

Score: 4

The provider always worked well with people to fully understand and manage risks by thinking holistically. Staff provided care that fully met people's needs and was safe, supportive and enabled people to do the things that mattered to them.

People and their families were supported and encouraged to understand potential risk. A proportional, and person-centred approach was taken to the mitigation of risk, maximising opportunities for people to maintain their independence and live an active and fulfilling life in line with their wishes, personal goals and aspirations. For example, where a person had a real fear of dogs and wished to walk to the local shop, staff worked with them to identify any risks and implemented tailored measures to support this safely. This included working with neighbours to understand the person's fear. This approach meant the person could walk safely to the shops with neighbours crossing the road if out walking their dog. A further example was staff facilitating a person to go rock climbing, working with the person to assess and mitigate risk, enabling them to achieve their personal goal. The staff member told us they felt proud when [person] told them, "Thank you for being my keyworker and helping with activities."

In another example, a relative told us, "[Person] wants to be a handyperson – they have painted the garden fence and designed and created a peacock on the fence." Staff worked with the person to visit a local DIY store to choose their materials. The person liked to sit on the shop floor while deciding what they wanted. The service worked with the store to ensure the person could visit safely.

This demonstrated a service that embraced positive risk taking and supported people to achieve what was important to them. People's care records provided clear guidance as to how identified risks were to be mitigated and were regularly reviewed. These focused on all aspects of people's lives, including personal care, eating and drinking, and social events and activities. All were tailored to the individual and personalised in line with their goals and aspirations.

Safe environments

Score: 3

The provider detected and controlled potential risks in the care environment. They made sure equipment, facilities and technology supported the delivery of safe care.

The environment in which people resided was planned and adapted to meet their diverse needs. The facilities, equipment and technology were well-maintained and supported staff to deliver safe and effective care.

The service had up to date Personal Emergency Evacuation Plans (PEEP). These were kept within the person's individual grab folder in their apartment and included the persons care plan, torch, high visible vest, emergency blanket and an item that the person would connect with, for

example for one person it was cup, for another person it was a small Tardis. PEEPs provide staff and emergency service personnel with critical information on the evacuation needs of each person in the event of an emergency.

Essential checks on equipment and services were carried out in line with regulations and expected standards.

Each apartment was individually adapted to reflect people's preferences, meet their specific needs, and promote their safety. For example, one person was known to damage their surroundings when experiencing distress, creating a potential risk of harm to themselves and staff. Following discussions with the person, their relatives, and relevant professionals, the provider introduced a range of environmental safety measures. These included fixed furniture and fittings, protective coverings for windows and electrical switches, and access to a secure enclosed garden. These adaptations helped to reduce distress, enhance safety, and increase the person's overall sense of security.

A family member told us, "I am 99.9% sure they wouldn't get anywhere better."

Safe and effective staffing

Score: 4

The provider made sure there were always enough qualified, skilled and experienced staff, who received thorough support, supervision and strong development opportunities. They worked together well to provide safe care that met people's individual needs.

Robust and safe recruitment procedures ensured only suitable staff were employed. Following a successful interview staff were shown around the service and introduced to people to make sure they were right for the role.

There was an excellent induction and training programme which included training on legislation, for example MCA and specific conditions, for example epilepsy and diabetes as well as training to support people with a learning disability. The provider employed a training mentor who supported new members of staff as well as working alongside experienced staff members to ensure staff had the right skills to support people effectively and ensure practice remained up to date and evidenced based.

By investing in high quality training and structured development, staff were well prepared for their roles and felt valued from the outset. This contributed to a positive culture and consistently safe, compassionate care for people using the service.

Staff told us, "I was encouraged to develop even when I didn't believe I could do it," and "The more I know, the better I provide person centred care."

The registered manager told us they were, “Keen to develop staff, and teach staff why things are important, the biggest thing is my practice leadership, showing and teaching staff.”

Staffing numbers facilitated a person-centred approach to care, which considered people’s physical, emotional and psychological needs, both during the day and night, and enabled staff to respond to events within the service. Each person had a core team of staff whose skills and experience were matched to people’s needs and staff deployment was carefully planned around individual needs and enabled daily activities for each person. Workforce planning ensured people received exceptional continuity of care which improved outcomes for people, for example, we saw evidence that people were content and accessing the community and undertaking different activities on a daily basis. A relative recorded that “[person] is happier, more confident and enjoying opportunities that were not available to them before.”

Other relatives told us, “[Person] has a core team, they will request who they want to work with” and “[Person] has 2 workers with them and if they need more when distressed, other staff will come if needed, the management try to match the staff.”

Staff told us, “There are lots of staff here to meet the needs of people we support, the staffing is always good,” and “Risk assessments are in place that identify what staff are needed for each person, there is always enough staff, if someone is sick and not able to come to work, we have a standby person that will come in to cover.” This meant that the provider did not rely on agency staffing and people were always supported by people who knew them well.

Staff received regular supervision and an annual appraisal, staff told us, “We are asked about our welfare in supervision, and if anything is bothering us, if we raise any issues they would be sorted. We can ask questions and put things on agenda it’s like having a ‘shoulder to lean on'" and “I am doing an apprenticeship in level 2 diploma and its free.” Another staff member told us, “My goal from my last appraisal was to complete level 2 diploma in adult social care, I am 7 months into completing it now.”

Infection prevention and control

Score: 3

The provider assessed and managed the risk of infection. They detected and controlled the risk of it spreading and shared concerns with appropriate agencies promptly.

Staff completed Infection Prevention Control (IPC) training and understood their responsibilities for infection prevention and demonstrated good practice, including hand hygiene and maintaining clean environments. A cleaning schedule was in place for each apartment and communal areas, staff supported people to undertake cleaning tasks in their apartments.

Managers completed regular IPC audits. These included audits of the environment, equipment, and staff spot checks. Any actions needed were monitored through the compliance system until completed.

We observed staff wearing PPE appropriately and in line with people's care plan, for example bite jackets.

Medicines optimisation

Score: 3

The provider always made sure that medicines and treatments were safe and met people's needs, capacities and preferences. Staff always involved people in planning, including when changes happened.

The service demonstrated a proactive and person-centred approach to medication optimisation, ensuring all medicines were appropriate for each person's condition and regularly reviewed to support the effective management of long-term health conditions. The service had worked with the person, their relatives and relevant health care professional to ensure the medicines were appropriate and maximised the person's quality of life. They continuously liaised with healthcare professionals to minimise unnecessary or excessive use of multiple medicines wherever possible, reducing associated risks and ensuring each treatment remained clinically appropriate. The registered manager understood and followed the principles of stopping over medication of people with learning disability, autism or both (STOMP). This approach significantly enhanced people's quality of life by limiting avoidable side effects such as drowsiness, confusion, and more time to enjoy their hobbies and interests.

An electronic medicine management system was used by the service to record medicine administration, instruction and guidance. The deputy manager stated this had supported medicine management, and enhanced oversight and reduced potential human error. Systems, processes and responsibilities for ordering, collecting, and returning unused medicines were clearly documented.

Staff responsible for medicines undertook training and were knowledgeable about safe systems of medicine administration. We saw evidence of lessons learnt from medication error occurring with staff undertaking refresher training and additional measures being put in place to prevent a repeat of the error.

Protocols were in place for medicines which were prescribed for use as a PRN, 'as and when needed'. For example, to manage pain or support people during periods of distress and agitation. The use of PRN medication was monitored which enabled staff to provide information to health care staff who prescribed the medicine as to its need and effectiveness, as part of a medicine review. This had resulted in PRN medication being significantly reduced and stopped completely for some people.

Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature

checks of medicines storage areas. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

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Effective

Outstanding

17 September 2026

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.

This is the first assessment for this service. This key question has been rated Outstanding.

This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

This service scored 88 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Assessing needs

Score: 4

The provider always made sure people's care and treatment was effective by thoroughly assessing and reviewing their health, care, wellbeing and communication needs with them.

People were at the centre of the holistic assessment process. Initial assessments and the ongoing review process were exceptionally thorough, robust, and person-centred. This approach enabled individuals and their families to share their personal history, preferences, routines, interests, and aspirations. As a result, care and support could be tailored to reflect what was most important to each person and to promote positive outcomes. A relative told us, "Before [person] went to The Brambles we were involved in [their] assessment, we had weekly zoom meetings and staff visited [person] at [their] previous place to meet them."

Assessments fully considered people's family relationships and the importance of maintaining meaningful connections. We saw an example of how the provider supported a family to extend the time the person would spend with them. They told us, "When we visit [person], they would have the sweets we bring them and then would want us to leave, staff are helping us to extend our visiting time with them, the last time we went, our daughter and grandchildren came too and The Brambles made a picnic for us all in the garden and we stayed an hour before [person] wanted us to leave."

We reviewed some care plans and found these to be exceptionally detailed, reflective, and insightful. They provided a comprehensive overview of the person's needs, progress,preferences and any changes required. The review of care records demonstrated an insightful knowledge of each person and ensured care remained responsive, proactive and reflective of any changes. This ensured people's care plans remained accurate and up to date, supporting consistently effective care that met people's needs as they changed. For example, we saw examples of people's periods of distress being reduced through the consistent approach detailed within individual plans and understanding of what the person connected with, i.e. toy tardis for the person who had an interest in Dr Who.

Staff spoke positively of people's care plans, informing us these were regularly reviewed and updated, and any changes communicated effectively and timely, by the updating of electronic care records, staff handovers and communications in the team app. Staff told us, "We get time to read documentation, anything can change at any time."

This consistent, holistic approach to assessing, planning and delivering care meant people's quality of life, outcomes and independence were maximised and often exceeded expectations.

Delivering evidence-based care and treatment

Score: 4

The provider always planned and delivered people's care and treatment with them, including what was important and mattered to them. They did this in line with legislation. They worked to develop evidence-based good practice and standards.

People received person-centred and tailored support in all aspects of their lives, including support with multiple health conditions and living a fulfilled life.

We observed staff supporting people with different needs with patience and compassion, promoting people's independence and dignity using a seamless approach. Care and treatment were consistently planned and delivered in line with best practice, and evidence-based standards, documentation included links to best practice guidance, for example vitality for health. Staff worked collaboratively with people to ensure what mattered most to them was central to care decisions.

The service also implemented the Positive emotion, Engagement, Relationships, Meaning Accomplishment (PERMA) model which works alongside Positive Behavioural Support and focuses on what makes people happy and helps to support people to do what they enjoy. Forexample, through PERMA recording and reviews, staff consistently identified that one person responded positively to community-based activities, shopping experiences, family involvement, dining out, art and craft activities, cooking opportunities and recreational outings. Staff recognised that the person showed high levels of engagement, participation and enjoyment when these activities were incorporated into their support. This has resulted in the person experiencing increased community involvement, greater independence, meaningful family participation, sustained engagement in activities they enjoy and continued opportunities to develop new skills and experiences. Family feedback has also been consistently positive, with person's relatives reporting that they have settled well, is accomplishing a great deal and is benefiting from the support provided.

People were engaged in cooking and preparing meals together every day with staff. Staff developed menu plans with individuals which included pictures of food choices and where able people were involved in preparing their own meals.

Nutritional needs were met including food that was Halal for people with different cultural needs.

A relatives told us, "Staff encourage [person] to choose healthy foods, their halal diet is catered for."

How staff, teams and services work together

Score: 3

The provider worked well across teams and services to support people. They made sure people only needed to tell their story once by sharing their assessment of needs when people moved between different services.

The registered manager and management team had developed good internal communication systems and processes to ensure important information was shared effectively with care staff and the wider staff team, enabling consistently high-quality care.

Staff worked together effectively and shared information through daily handovers, regular meetings and discussions with managers and senior staff. Staff told us, “We work as a team, the atmosphere here is good, feels like a second home,” and “We work as a team, if someone is struggling, we help each other, all of us achieve success together, help each other.”

A relative told us, “Appointments are made with dentist for [person] to attend, when [they] were at home, [they] wouldn't go so this is a big change,” and a health professional told us, “The team have an excellent understanding on risk, sensory and behavioural needs. We get monthlyupdates as to how each person has been and what they are doing etc. The staff seem knowledgeable and well trained and supported by the management team.”

Supporting people to live healthier lives

Score: 3

The provider supported people to manage their health and wellbeing to maximise their independence, choice and control. Staff supported people to live healthier lives and where possible, reduce their future needs for care and support.

People were supported to access healthcare when this was needed. Staff identified changes in people’s health and took appropriate action, including seeking advice from doctors, nurses and other healthcare professionals. People's care plans included information about any health conditions they were living with and the support they needed to manage these.

Annual health reviews were completed, and people were encouraged to eat healthier.

Relatives told us, “[Person] gets a healthy diet, but they can be adamant about want they want to eat,” and “Staff do really well to motivate [person] to do things, encouraging [them] to exercise, take bike rides, and go for walks.”

People had an annual health check and vaccinations where needed were administered following mental capacity assessments (MCA) and best interest decisions.

Monitoring and improving outcomes

Score: 4

The provider monitored all people's care and treatment to continuously improve it. They ensured that outcomes were positive and consistent, and that they fully met both clinical expectations and the expectations of people themselves.

Care plans and records were holistic and outcome-focused, enabling staff to support people to set meaningful goals to improve and maintain health and well-being. This meant people experienced care that was safe and effective, and enhanced their quality of life. The registered manager maintained robust oversight of people's health monitoring to support improved outcomes and had implemented a monthly summary from people's keyworkers that evidenced people's needs were being met. These summaries were then shared with appropriate organisations for monitoring purposes. A health professional from one of the organisations told us, "I am extremely pleased with how people are progressing. Both [people] are accessing the community a lot more. The team are experiencing less periods of agitation."

People's quality of life was tracked through the PERMA model with realistic goals being set around what the person enjoyed doing and what would make them happy. PERMA outcomes were reviewed every month which included an analysis of what has contributed to positive outcomes being achieved and embedding achieved goals into people's daily routines, identifying new meaningful goals and ensuring staff consistently follow support plans. This means that staff actively identified what makes life more meaningful for people and using the information to create more opportunities for enjoyment, achievement, independence and community participation. Staff practice in relation to following people's support plans are reviewed alongside PERMA meetings and incorporates feedback from families to ensure peoples preferences and aspirations are accurately reflected. This approach has ensured improvements are person-centred and outcomes are sustained and are not short-term achievements that continue to enhance people's quality of life over time.

There were many examples of the positive impact staff support had on improving outcomes for people, linked to social opportunities and taking on new challenges. A family member shared how staff had supported their relatives to achieve their wishes and try new activities. They told us, "[Person] would never go out before coming to The Brambles, now staff take [them] to visit museums, go to the seaside, and a sports day is being arranged for people across the group of homes," and "At [person's] previous place [they] never went out at all and now [person] is out all the time, they've been to Blackpool and do different things." Other relatives had documented the impact of the support they had received in A Parent's Perspective of the person's journey, for example one relative had recorded, "Seeing then thrive, enjoy daily activities and return homelooking healthy and content gives us reassurance he is receiving the best support possible," another relative had recorded, "Most importantly, they see

[person] for who they truly are and support [them] to be the very best version of [themselves]."

Staff told us, "[Person] is very attached to parents and mum comes and spends an hour with them on the swing, when [person] first came they didn't want anyone else to push them but now they will tell her to go, they pick which staff they want to push them, it shows how different they are now and how happy they are, it is amazing to see," and "We have encouraged [person] to do different things and have taken them rock climbing."

Another staff member told us, "I am proud of being able to support people 'to live their best life', I feel fulfilled when the people we support are happy and enjoying doing things."

Consent to care and treatment

Score: 3

The provider told people about their rights around consent and respected these when delivering person-centred care and treatment.

People had been assessed for their capacity to consent to aspects of their care. When people were assessed as lacking capacity to make specific decisions, best interest decisions were carried out. These were documented and showed who was involved in the decision-making process and how the decision had been reached. We observed staff obtaining consent from people and encouraged them to make decisions. Where people were not able to communicate verbally staff used different methods to communicate and understood their response, for example, staff told us, "[Person] is non-verbal so we use pictures, they can hear so we also use now and next techniques and give the person time, if we are looking to encourage the person to have a shower the person would turn their back if they don't want one, so would try later, their choice."

Staff had received training understood their responsibilities under the Mental Capacity Act and assessed people's capacity appropriately, recognising capacity may vary and can change over time.

Source: https://www.cqc.org.uk/location/1-20397965490/reports/AP28637/overall/effective

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Caring

Outstanding

17 September 2026

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

This is the first assessment for this service. This key question has been rated Outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

This service scored 90 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Kindness, compassion and dignity

Score: 4

The provider was exceptional at treating people with kindness, empathy and compassion and in how they respected people's privacy and dignity. Staff always treated colleagues from other organisations with kindness and

respect, one health professional told us, “Staff are always very welcoming and happy to joint work.”

There was a strong and visible culture of kindness, compassion, and respect embedded throughout the service and demonstrated consistently by staff in all roles. Every interaction we observed was characterised by genuine warmth, dignity, and empathy. People appeared relaxed, comfortable, and at ease in the presence of staff, reflecting the positive relationships that had been developed over time. It was clear that staff knew people exceptionally well and had built trusting, meaningful connections with them. A health professional told us, “Staff are very kind and caring.

Without exception, the entire staff team spoke about people with warmth, affection, and a genuine commitment to supporting their wellbeing. Staffing arrangements ensured staff had sufficient time to provide personalised support, whether offering reassurance during periods of distress, engaging people in conversation, or supporting them to participate in activities both within the service and the wider community.

People were consistently supported by at least two members of staff to ensure their needs were met safely and effectively in line with their care plan. We observed staff working seamlessly together, engaging positively with people in a way that was supportive and respectful, without being intrusive. We observed people smiling and laughing with staff while being supported to participate in activities they enjoyed.

Relatives spoke positively about the caring approach of staff. One relative told us, "Staff are definitely caring, they know [person] really well and are very good with [them]." Another said, "Staff interact well, are very kind, they listen to what [they] want and know how to support [them] during difficult times." A further relative commented, "[Person] is really happy, they laugh with and trust the staff," adding that staff were "kind and caring."

Staff also spoke warmly about their roles and the people they supported. One staff member told us, "I love working here. The staff are very kind and caring, and we have a strong bond with the people we support."

Treating people as individuals

Score: 4

The provider treated people as individuals and was exceptional in how they made sure people’s care, support and treatment met people’s needs and preferences. The provider took account of people’s strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Great emphasis was placed on gathering information to best understand the individuality and uniqueness of each person, including their family background, social interests and personal stories. The assessment also identified common words or signs people used, by recording “What I say, what I mean.” Families were encouraged to be involved in the assessment

by writing the person's biography and sharing what their family member enjoyed doing. This information was shared with staff to enable them to have a deeper understanding of people's lives and experiences. Staff used this knowledge to tailor their approach, create positive moments and support people in ways that felt familiar and comforting.

People's bedrooms were tailored to their specific needs and reflected personal tastes; this included two apartments having a sensory room to meet their sensory needs.

Celebrations were tailored to each person, with birthdays and special occasions marked in line with people's wishes, for example one person had a birthday coming up and had been supported to create invites for a party and was planning to have a day out in Blackpool.

Monthly photos and summaries of activities captured what mattered most to people, ensuring their likes, dislikes and feelings were heard and acted upon. For example, one person liked Dr Who and the provider had supported the person with building a tardis in the gardens, another person who liked arts and crafts had been supported to do some artwork on the garden's fences. The information was shared with respective families and commissioners so progress could be monitored and families felt involved still. This proactive and person-centred practice empowered staff to tailor care that promoted autonomy, dignity and emotional security, ensuring people received individualised care.

Staff demonstrated a detailed understanding of each person's individual characteristics, preferences, and interests, and used this knowledge to engage people in meaningful conversations and activities and provided care and support in ways that enhanced their wellbeing and quality of life. For example, one person enjoyed football and the provider had installed football nets so they could play with staff and would be taken to watch football matches.

Relatives told us, "Staff treat [person] with respect, they ask if they can use their air fryer for example when cooking," and "Staff ask the [person] what activities they want to do and ask permission before they do things." Another relative told us, "They create social stories to help them be prepared for different activities, or for health appointments."

Staff told us, "A lot of attention is given to ensure the right support is in place for people," and "We respect the people we support and ask for their consent before doing anything." Another staff member told us, "When working with people we make sure they have choices, if they are non-verbal, we would use pictures, or Makaton signs, we would also put two options out like clothes for them to choose or pictures of menu choices."

Makaton is a unique language program that combines signs, symbols and speech to help people with learning or communication difficulties express themselves.

Independence, choice and control

Score: 3

The provider promoted people's independence, so people knew their rights and had choice and control over their own care, treatment and wellbeing.

The promotion of independence was a focus for the service. People had visitors as and when they wished. People with families were encouraged and supported to keep in touch. The service regularly put on events for families and people to get involved with. The importance maintaining relationships was a priority for the service.

As already referenced activities and events both within the service and community were a key part in supporting people to maintain their independence and enjoy their life to the full, taking on new challenges. People's family and friends were encouraged to participate in activities organised by the service, share a meal with a loved one and celebrate events, including religious activities such as Eid and Christmas.

A relative told us, "An Eid party was arranged and all the family attended."

Care plans reflected people's wishes and promoted their independence. They included the activities people enjoyed and wanted to take part in.

People's birthdays were celebrated and we saw lots of photos around the apartments of people participating in different activities laughing and smiling with their families and staff. These events demonstrated how equality and diversity were embedded into everyday practice and contributed positively to people's experiences of care.

A relative told us, "[Person] picks which staff they want to support them."

The registered manager met with individuals and families regularly which included weekly if this was preferred or needed.

Responding to people's immediate needs

Score: 3

The provider was exceptional in how they listened to and understood people's needs, views and wishes. Staff responded to people's needs in the moment and acted to minimise any discomfort, concern or distress.

The service was highly responsive to people's individual needs, preferences, and changing circumstances. Staff were consistently available to support people and were able to instantly provide person centred care. The ways in which staff responded to people's immediate needs was exceptional. Staff were knowledgeable and fully aware of how to support people in any situation at a moment's notice. For example, one person being supported in their garden, staff noticed a change in their mood as they knew what signs to look for and was able to immediately implement diversionary techniques to help settle the person and maintain their safety whilst continuing to do the things they enjoyed. In another example, we observed one person who was supported with 2 staff members

undertaking activities within the garden, staff recognised the early signs of the person becoming distressed and quickly changed the lead staff member which had an immediate response and the person settled without the need for any other support. As a result, people had been fully supported to increase the amount of time they spent going out in the community and were also able to do what they wanted and live a fulfilled life.

Health and social care professionals were complimentary about the service and staff. One professional said, “The team have an excellent understanding on risk, sensory and behavioral needs.”

Each staff member was provided with an alarm, keys and fobs at the start of their shift and used if they needed assistance and would receive an immediate response. The registered manager and deputy would attend all incidents, ensuring people and staff were supported emotionally aswell as physically. “Floating staff” were available to relieve staff to take regular breaks and to attend any incident, this ensured there was always enough staff to support individuals.

Staff told us, “There is always enough staff, the seniors allocate the people we support so we know who we are supporting, there is a core team for each person but we also can work with other people if needed,”

Relatives told us, “There is always plenty of staff on duty,” and “There is enough staff,... if people need additional support more staff will come to help.”

Another relative told us, “They give [person] structure, without it they would deteriorate,” and “I am really happy with the care [person] receives, it gives me “heart peace” seeing them well looked after and thriving.”

Workforce wellbeing and enablement

Score: 4

The provider always cared about and promoted the wellbeing of their staff and was exceptional at supporting and enabling staff to always deliver person-centred care.

Members of staff were well supported by the management team and the provider. The provider completed health checks for all staff and reasonable adjustments and flexible working contracts where needed were put in place. This enabled staff to continue to provide support to people and recognised their personal diverse needs and to stay well. Staff had access to a helpline for support from a psychologist or a counsellor, and staff could take short breaks every hour to support their emotional wellbeing if needed. The registered manager told us that welfare checks and debriefs were held following any incident to ensure people were emotionally as well as physically alright. A member of staff told us, “The Manager supported me when I was hurt at work and needed to go to AE. The Registered

Manager was there for me and checked on me, this is the bridge values." The Bridge is the provider of The Bramble Apartments.

Staff praised the management team for respecting their diversity, treating them kindly and fairly. The service was proactive in their approach to staff team morale and ensuring the staff felt appreciated.

A member of staff told us, "The Bridge supports staff well and want to ensure staff are in a good place," and "The Bridge is more like a family, everyone is treated fairly."

Staff described having access to regular supervision, meetings and informal support, which helped them reflect on their practice and develop their skills. A staff member told us, "We are asked about our welfare, if anything is bothering us, if we have any issues they would be sorted. We are able to ask questions and put things on the agenda it's like having a shoulder to lean on," and "In supervision we are asked how we are, if we have any complaints."

Staff told us they felt valued, and were supported, and worked well as a team. Staff said there were sufficient breaks and rest periods. A member of staff told us, "The manager has an open-door policy for any work or personal issues, if we have any family issues they will try and help with flexible working," and "I step through the gate and feel enthused and valued, they appreciate the effort you make and will train you, I love it here."

Staff also had access to a QR code that they could use to report anything. We saw a "you said, we did" notice board in the staff area, which reflected how the service had listened to what staff were saying and the actions they had taken in response. Staff felt listened to and told us, "We always get feedback," and "We are listened to."

Staff had access to training opportunities which were useful in helping them carry out their roles effectively, one staff member told us, "I am currently undertaking a diploma, which has been fully funded by the company. This has been a fantastic opportunity and has helped me develop both professionally and personally."

Source: https://www.cqc.org.uk/location/1-20397965490/reports/AP28637/overall/caring

CARE HOME

The Brambles Apartments

Overall: Outstanding

Holly Bank Road, Rastrick, Brighouse, HD6 3JF 0333 323 3977

Provided and run by: The Bridge Community Care Limited

Assessment report published 29 September 2026

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Responsive

Good

17 September 2026

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

This is the first assessment for this service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

This service scored 79 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Person-centred Care

Score: 4

The provider was exceptional at making sure people were at the centre of their care and treatment choices, and they decided, in partnership with people, how to respond to any relevant changes in people's needs.

Care needs were anticipated as staff had a deep understanding of the person's communication style, interests, culture, and preferences. Each person had a PERMA plan which outlined what, their wishes, values and personal goals were, and how staff would support them in achieving these. For example, we saw evidence of peoples interests and what they wanted to achieve expressed in their apartments and through their assessments and care records, with each being unique and reflective of the person.

Relatives consistently told us their family members received highly personalised care. They described staff as knowing people extremely well and taking time to understand what mattered to them as individuals. Relatives said staff actively involved them in decisions, welcomed their input, and encouraged them to remain closely involved in people's care. A relative told us, "Managers are very good, they will send regular pictures and messages, it helps us still to be involved and know what [person] is doing, they give their heart and soul and genuinely care about people it's like having another family." Another relative told us, "We are involved with [person's] care plan, our wishes are considered."

We observed care being delivered in line with people's care plans and personal preferences throughout the assessment. Staff routinely offered people meaningful choices and respected their decisions, adapting their support in a way that promoted dignity and autonomy. Interactions between staff and people were warm, respectful, and unrushed and reflected strong, trusting relationships. People were relaxed, comfortable, and confident with staff. We saw staff using a calm, caring approach, engaging people in conversation, and responding sensitively to non verbal cues.

Relatives told us they were welcome to visit at any time, and staff were welcoming and friendly and they were welcome to attend any events or celebrations that were arranged by the provider. A relative told us, "Staff send updates and photos at least once a week or more, if they take [person] out, we get photos so far I have been sent over 600 photos since [person] has been here, it makes us feel involved."

Care provision, Integration and continuity

Score: 3

The provider understood the diverse health and care needs of people and their local communities, so care was joined-up, flexible and supported choice and continuity.

People could access the care and support they required. This included seeing their doctor, dentist or optician. Relatives told us they were confident in the staff to summon additional medical support if needed. One relative told us, “When [person] was at home, [they] wouldn't go to the dentist or optician, so this is a big change.”

A health professional told us, “The service wants to do joint working” and includes others in meetings or reviews.

The registered manager told us how they would arrange multi-disciplinary team (MDT) meetings with partners to discuss changes in people’s needs and consider least restrictive options and agree best interest decisions which would be documented and confirmed by the funding commissioners.

People’s care records, alongside feedback from external professionals, demonstrated strong collaborative working. This meant people received care that was safe and responsive, maximising people’s health and well-being, quality of life and independence.

Providing Information

Score: 3

The provider supplied appropriate, accurate and up-to-date information in formats that were tailored to individual needs.

The provider was aware of their responsibilities in relation to The Accessible Information Standard, (a legal requirement for social care providers to ensure information and communication are provided in ways that meet people’s needs and can be understood) was being met.

Information about how a person communicated was detailed in people’s care plans and risk assessments. People’s communication needs were met, and information was tailored to people’s individual needs.

We observed staff using picture cards with people who could not verbally communicate, staff also told us that for some people they would use Makaton signs to communicate with them.

The service also made referrals to the speech and language therapist when needed.

Listening to and involving people

Score: 3

The provider made it easy for people to share feedback and ideas, or raise complaints about their care, treatment and support. Staff involved people in decisions about their care and told them what had changed as a result.

Effective systems were in place to enable people, relatives and professionals to share feedback and raise any concerns.

People were involved in regular meetings and discussions about their support and what they wanted to do, and we observed people involved in

the handover meeting to give their own handover feedback to night staff and they were encouraged and supported to do this.

The registered manager met regularly with people living at The Bramble Apartments to see how they were progressing or if some things needed to change. For one person this was further developed with the service creating a “worry” box for the person to make notes about what they were worried about and put it in the box for staff to review as the person found it easier to write things down rather than verbalising some things. For example, concerns raised through the worry box highlighted that the person wanted more time with specific staff members. This enabled management to review staffing allocations and discuss these preferences with them, helping them feel listened to and involved in decisions about their support. In other instances, staff have used information from the worry box to reassure the person regarding concerns about activities and personal possessions, reducing uncertainty and supporting them to become settled and re- engaged more quickly following periods of distress. Overall, the worry box has increased the person’s opportunities to communicate their worries in a meaningful way, improved staff understanding of the triggers behind when people become distressed and enabled earlier intervention and personalised support to meet their emotional needs.

Complaints were dealt with promptly and relatives confirmed that they had been involved in surveys and although no group family meetings were held, regular communication and updates were provided and relatives said they were in regular communication with the registered manager. Relatives said if they had any concerns, they would happily raise them with the registered manager and knew they would be listened to.

Equity in access

Score: 3

The provider made sure that people could access the care, support and treatment they needed when they needed it.

Relatives told us their family members received care and support, which was accessible, timely, and considered their individual needs. Staff were aware of any reasonable adjustments people needed to engage fully into life at the service and to access community activities. Staff recognised the importance of people not facing barriers to access health and social care services and professionals provided positive feedback about how well staff worked with them.

Outside space was accessible and included a range of activities that people enjoyed doing, for example there was a trampoline, football net and swings as well as picnic tables and vegetable boxes.

Some people had private gardens due to their needs, as well as being able to access the communal garden spaces.

Equity in experiences and outcomes

Score: 3

Staff and leaders actively listened to information about people who are most likely to experience inequality in experience or outcomes and tailored their care, support and treatment in response to this.

People were supported to get out and about in the local community. Members of staff supported people to engage in a range of different activities of their choosing. A member of staff told us, “[Person] didn't use to go out and now does go out plays football, [person] is happy and interacts well with staff.” A relative told us, “At [person’s] previous place [they] never went out at all and now [person] is out all the time.”

The provider had an equality and diversity policy in place, offering guidance on the importance of treating people equally, underpinned by staff training.

People's care plans were person centred and set out aspects of people's characteristics, beliefs and preferences to ensure people's equality characteristics and needs were respected.

Planning for the future

Score: 3

People were supported to plan for important life changes, so they could have enough time to make informed decisions about their future, including at the end of their life.

People’s end-of-life care wishes were recognised by the management team who acknowledged discussions around this topic could be, at times, difficult. The registered manager told us it needed to be approached sensitively and could take an extended amount of time. For example, for one person who had no family involvement, they took time to sit with the person and explained what it is and then continued to discuss this in weekly meetings including the different elements and this took nine weeks to complete all their preferences. They arranged for the funeral director to visit, costs were discussed and the person was able to pick the coffin they liked. A mental capacity assessment and best interest decision was then made and agreed with their social worker. The person now had an end-of-life certificate, in line with Muslim beliefs.

Source: https://www.cqc.org.uk/location/1-20397965490/reports/AP28637/overall/responsive

CARE HOME

The Brambles Apartments

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Well-led

Outstanding

17 September 2026

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.

This is the first assessment for this service. This key question has been rated Outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the culture they created drove and improved high-quality, person-centred care.

This service scored 89 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Shared direction and culture

Score: 4

The provider had a very clear shared vision, strategy and culture. This was based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and an exceptional understanding of the challenges and the needs of people and their communities.

The management team demonstrated an exceptional approach to the culture, openness and transparency of the service. Without exception people, staff, relatives and professionals said the service had an open, inclusive and welcoming culture, where people using the service came first and their satisfaction was a priority. All staff followed a set of agreed values, which supported them to continually aspire to achieve good outcomes for people and led to high-quality care being delivered. Staff understood The Bridge values of Changing perceptions; Take a different outlook; Be nice, kind, patience, resourceful, open minded, resilient and forgiving; Understand why situations occur, and; everyone's opinions matter. We saw staff work in line with these values when supporting people who used the service. Staff consistently showed patience and kindness in their interactions with people and took the learning and understanding of why things may have occurred to prevent further incidence where possible. We saw evidence throughout the documentation, links to best practice guidance and staff told us about seeing things from the person's perspective.

Staff spoke with passion for providing outstanding outcomes for the people they supported and were proud of the difference they made to people's lives. A staff member told us, "I Enjoy working here very much, seeing the impact on the lives of the people we support, some don't have a family so like to think we fill that gap and support people's independence." Another staff member told us, "I am proud of being able to support people to live their best life."

Managers led by example and created a trusting environment, where learning and improvement was strongly promoted. Staff were clear about their role in ensuring people had a good quality of life.

The manager promoted and fostered an open culture, and we saw evidence of this in practice, for example, everyone without exception was welcome in office bases and could approach the management team at any time. We saw a person giving their own handover information to staff in the manager's office. Staff gave the person time to express themselves and asked if they needed help, before giving any information. We also observed people undertaking activities in the kitchen area that staff used, and we were told how some people liked to cook in there instead of in their own apartment at times.

Staff spoke positively about working at the service and described a culture where they felt valued and supported. A staff member told us, "I enjoy working here, it is a safe place for people. The manager has an open-door policy and I like how we care for the people we support, how they are

included in decisions and the attention given to ensure the right support is given."

The registered manager told us about the support and training they had given to staff, recognising people had different learning styles and needs to ensure staff understood the values and understood the challenges that people could face whilst establishing a shared culture. They told us how it was important to help staff understand how to do things properly and not how quick.

The willingness to engage, listen and respond to feedback enabled the service to continually adapt, resulting in continuous improvement. Feeback from people, their family members, staff, and the reviewing of records and our observations evidenced the success of this approach.

Capable, compassionate and inclusive leaders

Score: 4

The provider had exceptionally inclusive leaders at all levels who understood the context in which they delivered care, treatment and support and embodied the culture and values of their workforce and organisation. Leaders had the skills, knowledge, experience and credibility to lead effectively. They always did so with integrity, openness and honesty.

The registered manager and management team were highly experienced and had worked at the service since it was first registered. The management team provided high-quality leadership and believed in in leading by example. This had resulted in planned and continuous improvement within the service to facilitate the provision of good quality care and quality of life for people.

We saw evidence of the commitment to the development of staff, through training and career progression, which demonstrated the provider's investment in successive management planning. In addition, we saw examples of how the management team had promoted continuous learning at handovers and on notice boards in staff areas, for example "Theme of the month" and "medication of the week."

Staff felt there was a visible managerial presence throughout the service. Staff consistently reflected upon how the managers led by example, through working alongside staff in the delivery of care. Staff spoke of a positive rapport with the management team. A member of staff said, "Wow, my manager is very professional, they are top-notch. They have the qualities of a good leader and will work alongside us." Other staff said, "Registered manager is very good with staff and the people we support, they are very kind and supportive," and "I feel proud of my manager, they bring the best out of people."

People, family members, staff and external professionals were overwhelmingly positive about the registered manager and management team.

Relatives told us, “Registered manager is really nice, lovely, [person] loves her, really friendly and helpful,” and “Managers are very good.”

A health professional told us, “Managers are very good,” and “I have seen The Brambles really develop over last 2 years.”

Freedom to speak up

Score: 3

The provider fostered a positive culture where people felt they could speak up and their voice would be heard.

The provider implemented a positive and open culture where speaking up was not only promoted but actively encouraged. Staff were empowered to drive improvement, and encouraged to raise suggestions, ideas and concerns in the knowledge that these would be listened to and acted on. This was evidenced by staff feedback. Comments included, “Manager has an open-door policy, any complaints we can speak 1:1 or by email, we also have QR code we can use to report anything. We always get feedback, there is a you said, we did board in staff area, we are listened to,” and “Manager has open door policy for any work or personal issues, if any family issue they will try and sort it with flexible working.” Another staff member told us, “We are asked about our welfare, anything bothering us, any issues – they would be sorted, able to ask questions and put things on agenda it’s like having a shoulder to lean on."

Whistleblowing processes were well understood and accessible, which reinforced trust, safety and accountability across the service.

People knew what to expect, and staff understood what was expected of them. This contributed to consistently high-quality, person-centred care, with people’s needs being met in the way they wished.

Workforce equality, diversity and inclusion

Score: 4

The provider strongly valued diversity in their workforce. They had an inclusive and fair culture which had improved equality and equity for people who worked for them.

Without exception staff felt respected, supported, and valued within all roles. Staff said they could raise any concerns without fear. They said the service continuously promoted equality and diversity in daily work and provided opportunities for development and career progression.

The Bramble Apartments had a strong multicultural identity, with staff from different nationalities and people using the service from a range of cultural backgrounds. Cultural celebrations, such as Eid and Christmas, were recognised within the service and everyone celebrated them together. People, staff and visitors spoke positively about these events, which promoted inclusion, social engagement and meaningful experiences. Staff told us, “Everyone, staff and the people we support all have different

beliefs and backgrounds and everyone's needs are catered for," and "We are treated equally, there is no discrimination. We see ourselves as a family, it doesn't matter what race or beliefs we have, we all celebrate together, for example Christmas and Eid, we all celebrated them together." This promoted an inclusive environment where staff felt part of a one team and were valued.

Staff were incredibly supportive of each other and worked collaboratively. The staff team displayed compassion, kindness, and empathy towards each other. Staff told us, "We are a team and support each other," and "We are here for each other, staff support each other, it is lovely working here." Another staff member told us, "We really work well together, help each other, team spirit."

Communication and engagement were a clear strength of the service. Regular team meetings, supervision, and frequent formal and informal discussions ensured staff felt listened to, supported and involved in shaping the service.

Reasonable adjustments were made for staff experiencing short-term health issues or for those with long-term conditions, for example, risks assessment had been completed for a staff member who was provided with alternative duties to support their recovery and enable them to continue working safely.

Governance, management and sustainability

Score: 4

The provider had clear responsibilities, roles, systems of accountability and good governance. They used these to manage and deliver high-quality, sustainable care, treatment and support. They always acted on the best information about risk, performance and outcomes, and shared this securely with others when appropriate.

There were clear governance processes in place in the service. The registered manager carried out regular walkarounds, reviews, audits and daily spot checks were completed by the management team to observe practice, assess the quality of staff interactions with people, and that person-centred care was being delivered. Where actions were identified, these were acted on promptly and evidence showed learning was consistently shared with the staff team to ensure improvements were implemented and maintained.

The performance of the service was subject to continuous and systematic review, with strong collaboration with key stakeholders and partner agencies supporting ongoing quality improvement and risk mitigation.

The management team were developing their own case management system to include people's outcomes and link the PERMA and Vitality records together. Vitality is the aspect of the PERMA framework that focuses on physical wellbeing, health promotion and maintaining a healthy

lifestyle. As an example, during a PERMA review, staff identified an opportunity to strengthen the Vitality element of a person's outcomes. Whilst the person regularly accessed walks and community activities, staff noted that they typically took nuts as a snack. Through discussion it was agreed to introduce fruit as part of their walks to support healthier eating and increase nutritional value. A communication was issued to staff; fruit was added to shopping lists and containers were purchased to ensure fruit could be prepared and taken on outings. Healthy eating discussions and 5-a-day awareness were also delivered with the staff team.

The registered manager told us they ensure any changes and improvements to people's outcomes are sustained by reviewing actions agreed in reviews, management oversight, team meetings and quality assurance arrangements to ensure the change remained in practice rather than being a one-off intervention. Any improvements identified through incidents, audits, complaints, feedback, reviews or management oversight were allocated to staff for clear ownership and revisited through support plan reviews, risk assessments, observations, supervisions, team meetings and lessons learnt. This is further supported through independent Quality Team oversight and quality audits.

External professionals spoke positively about the quality of care provided, the registered manager and management team. A professional said the leadership and management of the service was "very good."

Partnerships and communities

Score: 3

The provider understood their duty to collaborate and work in partnership, so services worked seamlessly for people. They shared information and learning with partners and collaborated for improvement.

The commitment of staff in supporting and encouraging people to be active participants within their local community, had a significant and positive impact on their wellbeing. The diversity and frequency of activities, enabled people to stay connected, participate in community life, and maintain relationships.

The registered manager and staff team had developed excellent relationships within the local community. The service was praised for their care and the positive impact on people. People's care records clearly demonstrated how responsive staff were to changes in individuals' care needs, showing both proactive monitoring and timely reactive actions

The registered manager had developed good working relationships with external professionals, including health care professionals, who spoke well of the quality of care provided by the service, and the commitment of staff in responding to and meeting people's needs through their pro-active monitoring or people's needs.

Learning, improvement and innovation

Score: 3

The provider focused on continuous learning, innovation and improvement across the organisation and local system. They encouraged creative ways of delivering equality of experience, outcome and quality of life for people. They actively contributed to safe, effective practice and research.

There was a strong culture of learning, openness and continuous improvement at the service and provider level.

The registered manager was committed to continuous learning and improvement through ongoing monitoring to measure the outcomes and impact of the service provided. Systems and processes were in place to learn from events when things went wrong, and the registered manager worked in collaboration with other professionals and agencies to review the effectiveness of the service to ensure positive outcomes and an improved quality of life for people.

Source: https://www.cqc.org.uk/location/1-20397965490/reports/AP28637/overall/well-led