Avante Care and Support Limited

Court Regis

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was carried out on 28 July 2015 and was unannounced.

The service provided accommodation and personal care for older people some of whom were living with dementia. The accommodation was provided in a single story building. There were 43 people living in the service when we inspected.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice.

Summary of findings

The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

People felt safe and staff understood their responsibilities to protect people living with dementia and degenerative illnesses. Staff had received training about protecting people from abuse. The management team had access to and understood the safeguarding policies of the local authority and followed the safeguarding processes.

The registered manager and care staff used their experience and knowledge of people's needs to assess how they planned people's care to maintain their safety, health and wellbeing. Risks were assessed and management plans implemented by staff to protect people from harm.

There were policies and a procedure in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

People and their relatives described a service that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected.

The registered manager involved people in planning their care by assessing their needs when they first moved in and then by asking people if they were happy with the care they received. Staff knew people well and people had been asked about who they were and about their life experiences. This helped staff deliver care to people as individuals.

Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again. The risk in the service was assessed and the steps to be taken to minimise them were understood by staff.

Managers ensured that they had planned for foreseeable emergencies, so that should they happen people's care needs would continue to be met. The premises and equipment in the service were well maintained.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. The registered manager ensured that they employed enough staff to meet people's assessed needs. Staffing levels were kept under constant review as people's needs changed.

Staff understood the challenges people faced and supported people to maintain their health by ensuring people had enough to eat and drink.

If people complained they were listened to and the registered manager made changes or suggested solutions that people were happy with. The actions taken were fed back to people.

People felt that the service was well led. They told us that managers were approachable and listened to their views. The registered manager of the service and other senior managers provided good leadership. The provider and registered manager developed business plans to improve the service. This was reflected in the positive feedback given about staff by the people who experienced care from them.

Summary of findings

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.

Staff knew what they should do to identify and raise safeguarding concerns. The registered manager acted on safeguarding concerns and notified the appropriate agencies.

There were sufficient staff to meet people's needs. The provider used safe recruitment procedures and risks were assessed. Medicines were managed and administered safely.

Incidents and accidents were recorded and monitored to reduce risk. The premises and equipment were maintained to protect people from harm and minimise the risk of accidents.

Good

Is the service effective?
The service was effective.

People were cared for by staff who knew their needs well. Staff understood their responsibility to help people maintain their health and wellbeing. Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role.

Staff received an induction, and training. They were supported to carry out their roles well. The Mental Capacity Act and Deprivation of Liberty Safeguards were followed by staff.

Good

Is the service caring?
The service was caring.

People had forged good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account.

Good

Is the service responsive?
The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. People accessed urgent medical attention or referrals to health care specialists when needed.

People were encouraged to raise any issues they were unhappy about and the registered manager listened to people's concerns. Complaints were resolved for people to their satisfaction.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered and actions were taken to keep people safe from harm.

The provider and registered manager promoted person centred values within the service. People were asked their views about the quality of all aspects of the service.

Staff were informed and enthusiastic about delivering quality care. They were supported to do this on a day to day basis by leaders in the service.

Court Regis

Detailed findings

Background to this inspection

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

This inspection took place on 28 July 2015 and was unannounced. The inspection team consisted of one inspector and one expert by experience. The expert-by-experience had a background in caring for elderly people and understood how this type of service worked.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 16 people and seven relatives about their experience of the service. We spoke with six staff including the registered manager, four care workers and the activities coordinator to gain their views about the service. We asked two health and social care professionals for their views about the service. We observed the care provided to people who were unable to tell us about their experiences.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at five people's care files, ten staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 24 January 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People told us they felt safe living at Court Regis. People said they could lock their doors if the wanted to which made them feel safer. Others said that sometimes other people living with dementia in the service worried them, but that staff made sure they were not harmed. We observed that people were relaxed during the lunch and that staff dealt with people well if they become unsettled.

Relatives and visitors all felt that people were safe. One said, "I think she is safe". Another said, "Yes he is safe here, and happy".

Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff were aware that people living with dementia may not always be able to recognise risk or communicate their needs.

Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. The registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. For example, one person living with dementia had displayed behaviours that could harm themselves and others. The registered manager had highlighted this to the local authority who found a more suitable placement for the person. People told us they felt safer now this person had moved out of the service. This meant that people could be confident staff would protect them from abuse in any form because they were aware of their roles and responsibilities.

People had been assessed to see if they were at any risk from falls, or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files. Staff understood the risks people living with dementia faced and made sure that they intervened when needed. People living with dementia whose behaviours were more challenging to others were observed by staff who were on hand to respond quickly to keep people safe. For example, at lunch time we observed staff calming a person who had become upset and aggressive towards others. Staff did this by speaking calmly to the person and enabling them to move safely away from the area. We noted that the person returned after a few minutes and there were no further issues.

As soon as people started to receive the service, risk assessments were completed by staff. Incidents and accidents were checked by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. For example, floor alarm mats had been provided to alert staff when people were at risk of falling and staff had been retrained after a medicine administration error. This ensured that risks were minimised and that safe working practices were followed by staff.

Equipment was serviced and staff were trained how to use it. The premises were designed for people's needs, with signage that was easy to understand. The premises were maintained to protect people's safety. There were adaptations within the premises like ramps to reduce the risk of people falling or tripping. When staff needed to use equipment like a hoist to safely move people from bed to chair, this had been risk assessed. Staff told us they had received training to use equipment safely. This meant that people could be cared for in a safe environment and those who could not weight bear could be moved safely.

Staffing levels were planned to meet people's needs. In addition to the registered manager and deputy manager there were six staff available to deliver care and they were managed by a senior care worker during the day. At night there were three staff delivering care managed by a senior care worker. Cleaning, maintenance, cooking and organising activities were carried out by other staff so that staff employed in delivering care were always available to people. Staff absences were covered within the exiting staff team. This ensured that staffing levels were maintained in a consistent way.

People were protected from the risk of receiving care from unsuitable staff. Staff had been though an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed application forms and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity,

Good

Is the service safe?

written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

The provider's policies set out how medicines should be administered safely by staff. The registered manager checked staff competence, as they observed staff administering medicines ensuring staff followed the medicines policy. Staff administering medicines did this uninterrupted as other staff were on hand to meet people's needs. Staff knew how to respond when a person did not wish to take their medicine. Staff understood how to keep people safe when administering medicines.

The medication administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking of medicines, which showed that the medicine had been administered and signed for by the staff on shift. Medicines were correctly booked in to the service by staff and this was done in line with the service procedures and policy. This ensured the medicines were available to administer to people as prescribed and required by their doctor.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. The registered manager had an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. Each person had an emergency evacuation plan written and practiced to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Therefore people could be evacuated safely.

Good

Is the service effective?

Our findings

We observed and people told us they felt the staff were competent in their role.

People said, "I like my food it keeps me going". Relatives said, "I could eat here, it looks fine". And, "No problems with the food, he's put on weight, they have learned what he doesn't like."

People at risk of dehydration or malnutrition were appropriately assessed. People who were at risk of choking had also been assessed. Daily records showed food and fluid intake was monitored and recorded. Care plans included eating and drinking assessments and gave clear instructions to staff on how to assist people with eating. Care plans detailed people's food preferences.

People enjoyed the food. We observed people receiving second helpings at lunch time and how staff encouraged people to eat and drink. People were offered different choices if they did not like the meal they had been offered. Menus were planned by a dietician to provide a balanced and nutritious choice for people. Snacks were available at other times of the day and night. Staff were able to offer snacks and drinks to people overnight if they wanted them. Food allergies were recorded in people's care plans and kitchen staff were aware of this. People who needed staff to assist them to eat and drink enough were offered this support in a caring and dignified way. This meant that people were protected from malnutrition and dehydration by eating and drinking enough.

The provider had systems in place to ensure staff received regular training, could achieve recognised qualifications and were supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. For example, staff received dementia awareness training and gained knowledge of other conditions from health and social care professionals visiting the service. This meant they could meet people's needs and help people maintain their health and wellbeing.

Staff spoke highly of the training they had already experienced and continued to receive. One mentioned 'good opportunities for training' and that her training courses had been prioritised when she started working at the service. For example, coming in to post in June of this year, she had already undertaken moving and handling training, first aid at work and infection control and was due to start a medication course. New staff inductions followed nationally recognised standards in social care. The training and induction provided to staff ensured that they were able to deliver care and support to people to appropriately.

Staff were provided with regular one to one supervision meetings as well as staff meetings and annual appraisal. These were planned in advance by the registered manager and fully recorded. Staff told us that in meetings or supervisions they could bring up any concerns they had. They said they found supervisions useful and that it helped them improve their performance. Staff and supervision records, confirmed staff were able to discuss any concerns they had regarding people living at the home. Supervision records demonstrated a training requirement in Parkinson's disease awareness. Training records confirmed the care worker had attended the course after it had been requested.

Staff had received intensive training in relation to caring for people with behaviours that may cause harm to themselves or others. This often occurred when people living with dementia became frustrated or anxious, often without obvious cause. We observed that staff used the techniques they had learnt to keep people calm and prevent potentially harmful behaviours from developing.

People's mental capacity had been assessed and taken into consideration when planning their care needs. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate.

Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These decisions included do not attempt cardio pulmonary resuscitation (DNACPR) forms, and showed that relevant people, such as social and health care professionals and people's relatives had been involved. Relatives told us about being involved in meetings and discussions about how best their loved ones should be cared for.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager

Good

Is the service effective?

understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

People told us that they felt that their health needs were met and where they required the support of healthcare professionals, this was provided. People accessed support from the chiropodist, the GP, the district nurse and a community psychiatric nurse. This protected people's health and wellbeing.

Good

Is the service caring?

Our findings

People described their care positively. They said, “They like me and they do everything lovely here”. And, “The carers are wonderful, just lovely carers.” Another noted, ‘I get on very well with all the girls. They are all helpful. They are such cheerful people and pretty good.’

Visitors and relatives told us that the care was good in the service. One said, “We feel welcome any time. We can make our tea and sit outside. We can have a picnic with her, she loves it outside”. Other comments included, ‘They (Staff) do understand, they all do a good job here; the exceptions are those who are wonderful’. Another relative said, “They (staff) are kind and they help here. The care is good and all the girls are nice”. People could visit the service to any time.

The staff were polite and cheerful. Staff took the time to understand how dementia or other conditions affected people. They got to know people as individuals, so that people felt comfortable with staff they knew well. Staff spoke about the ‘Golden thread of dignity’ and explained to us this was about treating people as individuals. We observed staff following these principles. Staff were aware of people’s preferences when providing care. The records we reviewed contained detailed information about people’s likes and dislikes.

We observed staff providing care in a compassionate and friendly way. Two carers who needed to move a person using a hoist put the person at ease by talking her through the process and confirming with her if it was okay. They also moved a chair before starting to make the action easier and safer for all concerned.

At lunchtime, a lady at the table was concerned about her little dog’s behaviour, a member of staff took him gently from her, away from the tables, and returned with him looking much better: she explained that the dog had been found to have some undergrowth from the garden stuck firmly to his jaw, and it had now been safely removed. The dog’s owner was very relieved. The carers were also heard to be arranging who would get the supplies for the pet budgie, in their own time, and they were listening to the residents, who seemed to know which type the bird preferred.

People were able to personalise their rooms as they wished. They were able to choose the décor for their rooms and could bring personal items with them. One person told us that they had chosen the colour of the paint for their room and showed us the ornaments and pictures they had brought in to the service.

We observed that staff knocked on people’s doors before entering to give care. Staff described the steps they took to preserve people’s privacy and dignity in the service. People were able to state whether they preferred to be cared for by all male or all female staff and this was recorded in their care plans and respected by staff.

Staff operated a key worker system. Each member of staff was key worker for three or four people. They took responsibility for ensuring that people for whom they were key worker had sufficient toiletries, clothes and other supplies and liaised with their families if necessary. This enabled people to build relationships and trust with familiar staff.

People had choices in relation to their care. People indicated that, where appropriate, staff encouraged them to do things for themselves and stay independent. For example, people could make drinks for themselves or move around to different areas of the service. There were five lounges and we observed people using all of them. Staff closed curtains and bedroom doors before giving care to protect people’s privacy. People told us that staff were good at respecting their privacy and dignity. People said, “I go to bed when I want to.” “I can shower every day” and, “When I have a bath I do it myself.” Staff we spoke with understood their responsibilities for preserving people’s independence, privacy and dignity and could describe the steps they would take to do this.

People described staff who were attentive to their needs. The atmosphere in the service was relaxed. There were quiet areas people could go to if they wished to sit away from others. For example, one person had chosen to sit in one of the lounges on their own. People told us staff came quickly when they called them. We observed staff speaking to people with a soft tone, they did not try rush people.

People and their relatives had been asked about their views and experiences of using the service. We found that the registered manager used a range of methods to collect feedback from people. There were regular ‘Resident and relative’ circle meetings, that enabled people to discuss the

Good

Is the service caring?

service with the registered manager. The provider also used an independent external organisation (MORI) to carry out annual surveys. We found that the results of the surveys were analysed.

We looked at the analysed survey results and people were very complimentary about the service. For example some people had made comments such as 'Staff treat me with kindness'. Where people had made suggestions about improvements to the service, these had been incorporated into the service improvement plan. People told us about discussions they were involved in about a medicine's trial and about discussions they had with staff. Information about the service was shared via newsletters, notices and pictures that were displayed within the service. This kept people involved and up to date with developments and events within the service and they could influence decisions the provider had made.

Information about people was kept securely in the office and the access was restricted to senior staff. When staff completed paperwork they kept this confidential.

Good

Is the service responsive?

Our findings

People were encouraged to discuss issues they may have about their care. People told us that if they needed to talk to staff or with the registered manager they were listened to. People described to us how the registered manager had responded to changes in their needs.

Relatives were happy with the medical care people received. One said, "She is the best she has ever been", Another said, "They (Staff) do a good job. They call an ambulance if he falls, to be on the safe side." Others said, "If she isn't well, they are on the phone and they will keep an eye if we notice any changes and ask them to check, they get a doctor quickly."

A community matron was initiating a pilot scheme, in conjunction with people's GP's to help the staff to maintain the health of people with certain long-term conditions, such as diabetes and dementia. People and their relatives had been consulted about the pilot scheme and spoke about their involvement. A relative of a person living with dementia told us that their father's health had improved since being involved in the pilot scheme.

The community matron told us that staff had been very responsive to the pilot scheme which was proving people with '24 hour cover'. She also noted that "Sometimes the staff call her for reassurance about people, and that is fine". She told us she had provided 'Plenty of literature' to help to inform all of the staff about the pilot scheme and felt staff getting to know her too was helpful. This demonstrated that staff in the service were open to new ways of working in response to people's needs.

People's needs had been fully assessed and care plans had been developed on an individual basis. Before people moved into the service an assessment of their needs had been completed to confirm that the service was suited to the person's needs. After people moved into the service they and their families where appropriate, were involved in discussing and planning the care and support they received.

If people's needs could no longer be met at the service, the registered manager worked with the local care management team and continuing care team to enable people to move to nursing care or other more appropriate services.

People's preferences about the gender of the staff who provided personal care were recorded and respected. Comments in care plans showed this process was on-going to help ensure people received the support they wanted. Family members were kept up to date with any changes to their relative's needs. Changes in people's needs were recorded and the care plans had been updated. This meant that the care people received met their most up to date needs.

The registered manager sought advice from health and social care professionals when people's needs changed. Records of multi-disciplinary team input had been documented in care plans for Speech and Language Therapist, Continence Nurses and District Nurses. These gave guidance to staff in response to changes in people's health or treatment plans. This meant that there was continuity in the way people's health and wellbeing were managed.

The registered manager and staff responded quickly to maintain people's health and wellbeing. Staff had arranged appointment's with GP's when people were unwell. For example, one person no longer wanted to take their medicines. Staff sought advice from the persons GP and a full medicines review had taken place with the person's involvement. This showed that staff were responsive to maintain people's health and wellbeing.

In response to people's health needs district nurses called at the service every day. We spoke with the district nurse. They told us that staff told them straight away if they have any concerns about people. In their view people were well cared for. Staff followed recommendations made by health and social care professionals for treatments which protected people's health and wellbeing.

In response to people at risk of falling there were specific individual manual handling plans to instruct staff. Technology like fall alarms was considered where appropriate to alert staff if someone fell, so that staff could respond quickly to provide assistance.

People's life histories and likes and dislikes had been recorded in their care plans. This assisted staff with the planning of activities for people. Care was personalised and responsive to people's needs.

The programme of activities for people to attend was on display. The new activities coordinator had begun to make an impact. Activities were a choice and if people did not

Good

Is the service responsive?

want to participate staff respected this. A new programme of activities was bedding in which included one to one activities and group activities. Staff had referred to people's personal stories to try and engage them in activities. For example, they had turned an area in the garden into a vegetable plot for one person to continue to grow vegetables, as this is what they wanted to do. The person told us that they had enjoyed digging over the plot and we saw the vegetables growing.

The activities lady herself had many ideas and showed clear records of which people had participated and who, therefore, may need further encouragement. She was approaching her role fully aware that it would be easy to focus on a few residents, and was aiming to include everyone, in one way or another. She saw knowledge of the residents themselves as the key to planning effective activities. This demonstrated a commitment to engaging with people as individuals.

There was a policy about dealing with complaints that the staff and registered manager followed. There were examples of how the registered manager and staff responded to complaints. All people spoken with said they were happy to raise any concerns. One said, "I can always see the team leader or the registered manager, they are always there." Another noted how, "All my comments have been fed back to the registered manager and she is on top of things. I made a comment about the food once, and she got back to me about it. And if anything happens they phone me immediately. I've no complaints." This meant that the registered manager always tried to improve people's experiences of the service.

Good

Is the service well-led?

Our findings

The registered manager had been in post since November 2012. A registered manager is a person who has registered with the CQC to manager the service. They were well known by people and passionate about delivering high quality, person centred care to people living with dementia. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them.

The aims and objectives of the service were set out and the registered manager of the service was able to follow these. For example, they had a clear understanding of what the service could provide to people in the way of care and meeting their dementia needs. This was an important consideration and demonstrated the people were respected by the registered manager and provider.

Staff turnover had been very low. Many staff had been in post for many years. The community matron spoken with said, "The senior carers seem consistent, I get to know them". Staff spoken with mentioned that many staff had other family members working in the service. Staff told us that this gave the service a 'family feel' and helped them cover shifts when needed. We noted that no agency staff were being used at this service. Using consistent staff meant that people could rely on familiar staff who knew their needs and they could build positive relationships within the service.

Staff told us they enjoyed their jobs. Staff felt they were listened to as part of a team, they were positive about the management team in the service. They spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents in the home. They told us that the registered manager was approachable. The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

Audits within the service were regular and responsive. Senior staff carried out daily health and safety check walk rounds in the service and these were recorded. For example, audits had ensured hazards like fallen leaves were cleared from pathways to minimise the risks of people slipping. This showed that audits were effective and covered every aspect of the service.

Managers from outside of the service came in to review the quality and performance of the service's staff. They checked that risk assessments, care plans and other systems in the service were reviewed and up to date. An independent pharmacist carried out audits of medicines. All of the areas of risk in the service were covered; staff told us they practiced fire evacuations.

Maintenance staff ensured that repairs were carried out quickly and safely and these were signed off as completed. Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. The maintenance team kept records of checks they made to ensure the safety of people's bedframes, other equipment and that people's mattresses were suitable. This ensured that people were protected from environmental risks and faulty equipment.

The registered manager produced development plans showing what improvements they intended to make over the coming year. These plans included improvements to the premises. The registered manager was part of a managers mentoring group, they were able to meet with other registered managers from other services to talk through any issues they may have. This promoted support for the registered manager and enabled them to gain knowledge of best practice or share knowledge with others.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

Senior managers at head office were kept informed of issues that related to people's health and welfare and they

Good

Is the service well-led?

checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest levels within the organisation so that they were dealt with to people's satisfaction.