

Swanton Care & Community (Autism North) Limited

Lataya House

Inspection report

86 Wymington Road
Rushden
NN10 9LA

Tel: 01933311526

Website: www.lavendergrouphomes.com

Date of inspection visit:

06 December 2021

08 December 2021

10 December 2021

Date of publication:

13 January 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Lataya House is a residential care home providing personal care to four children and young adults at the time of the inspection. The service can support up to six people.

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

Right support

- The service worked with people to plan for when they experienced periods of distress so their freedoms were restricted only as a last resort. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced.
- The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment. People's physical and sensory needs were met although at times the service could become busy and this could mean sensory overload for some people.
- Staff supported people to take part in activities and pursue their interests although this could be planned in advance better.
- Staff enabled people to access specialist health and social care support.
- Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs although this sometimes differed to information in their care plans.
- Staff supported people with their medicines safely and in their preferred way.
- The service supported people to have the maximum possible choice and control over their own lives.

Right care

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had enough appropriately skilled staff to meet people's needs and keep them safe. Turnover in the staff team meant some staff did not yet know people well.
- People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.
- Staff and people assessed the risks people might face. Some areas of recording of people's daily care needs required strengthening.

Right culture

- People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.
- People and those important to them, including social care professionals, were involved in planning their care.
- The registered manager worked hard to evaluate the quality of support provided to people, involving the person, their families and other professionals as appropriate.
- Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

This service was registered with us on 12 October 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of 'Right support right care right culture'.

The inspection was prompted in part due to concerns received about whether restraint was used appropriately, and the culture of the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Lataya House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors visited the service on two days. Additionally, one of the inspectors visited the service one evening and early in the morning. The Expert by Experience made phone calls to relatives to gain their feedback.

Service and service type

Lataya House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received since the provider registered the service with CQC. We contacted the local authority commissioning and safeguarding teams for information about the service. The provider

was not asked to complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with four people who used the service and three relatives about their experience of the care provided. Some people were unable to talk with us and used different ways to communicate including signs, pictures, gestures, vocalisations and body language. We also observed people and their interaction with staff and each other throughout the inspection visits. We received feedback from six health and social care professionals who work with people living in the service.

We spoke with 10 members of staff including the registered manager, senior support staff and support staff. This included agency and permanent members of the team.

We used the Short Observational Framework for Inspection (SOFI) and spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Staff did not always use personal protective equipment (PPE) to keep people and themselves safe from infection. We saw staff did not always wear face masks when they should. The registered manager took action during the inspection to rectify this.
- The service had good arrangements for keeping the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service admitted people safely to the service.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Assessing risk, safety monitoring and management

- Staff recording on daily notes, monitoring charts and handover logs required strengthening to ensure these were consistently completed and were accurate and sufficiently detailed. For example, one person's health was potentially negatively impacted as we found the recording on their bowel chart indicated they should have been administered medicine more frequently. We also found gaps and limited recording on some daily notes showing people's daily activities, routines, mood and meals. Some people living in the service were not able to tell staff this information themselves, so effective records were important to ensure they received consistent, safe care. The registered manager agreed and planned to develop staff practice in this area.
- A range of care and risk support plans were in place which included positive behaviour support plans. These set out ways to provide safe support and avoid or minimise the need for restricting people's freedom. Staff made every attempt to avoid restraining people and did so only when de-escalation techniques had failed and when necessary to keep the person or others safe. The registered manager planned to add images to the positive behaviour support plans to clearly show staff which holds were agreed as suitable and safe depending on people's needs.
- Where staff were trained in the use of restrictive interventions, the training was certified as complying with the Restraint Reduction Network Training standards.
- Equipment to support people's safety was individually assessed and used where necessary. For example, some people used a harness to support them to travel safely in vehicles, and some people used a safety

helmet when needed to keep them safe from harming themselves.

Staffing and recruitment

- There were sufficient staff available to ensure people's support needs were met. The team included permanent staff and agency staff. There were a number of new staff working in the service which could be unsettling for people who required consistency and a clear routine. One relative told us, "The turnover seems to be high recently. I visit and hardly know any staff, I ask questions and some staff don't know [relative] well."
- Agency staff were supplied from a single agency and the same staff worked regularly as far as possible. The registered manager worked closely with the agency to ensure staff were suitably experienced and trained for the role. One staff member said, "The agency staff that work at the home are the best I've seen, they really care about getting to know the young people living here."
- The provider followed safe recruitment practices for staff working with children and adults. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.

Learning lessons when things go wrong

- The registered manager regularly reviewed incidents, accidents, physical intervention logs and charts which recorded when people expressed emotional distress. The registered manager agreed that recording some analysis to consider trends, patterns and lessons learned would strengthen this process.
- Processes were in place for staff to follow should an incident or accident occur. We saw appropriate follow up action was taken. This included consideration of how to reduce the risk of something similar happening in future.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff understood how to protect them from abuse. The service worked well with other agencies to do so and followed local safeguarding protocols when required. One person told us, "Yes, I feel safe here."
- Staff received training on how to recognise and report abuse and they knew how to apply it. This included safeguarding training for both children and adults.
- The registered manager kept clear records of any safeguarding concerns and completed investigations when required. For example, they recently completed several out of hours spot checks to follow up when a concern was brought to their attention.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- We saw people were administered medicines in the way which best suited them. Although this did not always reflect the information contained in their care plan, staff knew and followed people's preferences. We observed people receive medicines on several occasions during the inspection, and this was always done at their pace in the way they preferred. One person drank juice with their medicine, another pointed to the snack cupboard and after they had taken their medicine chose from a selection of snacks. One person had their medicine in their room sometimes, and in the kitchen at other times, depending on the time of day.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Information gathered prior to people moving into the service was used to ensure a smooth transition when they arrived. One professional told us, "Staff were keen to understand [person's] needs prior to their move and made adjustments accordingly. They were supported with a good transition."
- There were children and young adults living in the service at the time of inspection. The registered manager had good knowledge of the legal frameworks supporting each of the placements and what this meant for people living in the service. For example, who made key decisions for the children living in the service and the role of advocacy services for the young adults when required.

Staff support: induction, training, skills and experience

- Staff received an induction which included training and learning from experienced staff members.
- Staff received ongoing training for their roles. This included refresher and specialist training in areas relevant to people living with a learning disability or who are autistic. For example, positive behaviour support, the Mental Capacity Act 2005, and autism. Staff also received training in health conditions which impacted upon people living in the service.
- Staff meetings took place although these were affected during the pandemic period. Staff received supervision on a regular basis. These provided opportunities for staff to reflect on their working practices and discuss training and support needs.
- Staff provided positive feedback about team work. We observed throughout the inspection staff working and communicating as a team in order to ensure people received support and supervision as needed. For example, when one person was moving freely and speedily around all areas of the house, we heard a staff member call out, "Who is watching [person's name]?" and another staff member promptly responded they were.

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

- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. Throughout the inspection we saw people eat their main meals at the dining table at the times and in the way they preferred. This included one young person going back into the kitchen several times to get more cereal for their breakfast. In between meals we saw young people use signs to communicate with staff when they wanted something to eat or drink, and staff met these requests. We also saw staff offering a selection of choices when a young person pointed to the cupboard indicating they wanted a snack.
- People were involved in choosing their food, shopping, and planning their meals. Care plans included information about their likes and dislikes. One staff member said, "We use pictures of foods to help the

young people make food choices." Another said, "We have a take-away evening once a week." A professional said, "[Since moving to Lataya House] they now sit throughout their meal and finish eating before leaving the table. They have been trying new/different foods."

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

- People living in the service had their bedrooms personalised according to their preferences. One person told us they chose the colours to paint their room when they moved in earlier this year. They liked to rearrange their furniture regularly and we saw staff supported them do this during the inspection. We saw all bedrooms were decorated in a homely style and suited to people's needs and preferences. This included safety equipment where necessary, for example, soft padding on some walls in one person's room to help keep them safe.
- The dining and lounge areas were well used by people throughout the day, as well as a sensory room and soft padded room. To meet people's sensory needs staff needed to effectively manage how the communal areas were used, which could be challenging at times given people's different needs. For example, one person liked music playing in the lounge which could be over stimulating for others with different sensory needs. The registered manager shared various ways they tried to manage and find the balance in the communal areas to ensure everyone's needs were met.
- Maintenance issues were addressed and fixed promptly. We observed this during the inspection when a door broke, and was mended by the end of the day.

Supporting people to live healthier lives, access healthcare services and support

- Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. This included GPs, social workers, personal assistants for the young adults living in the service, and learning disability nurses.
- People had health actions plans which were used to ensure all health needs and appointments were planned, monitored and recorded. This included routine check-ups as well as specialist appointments.
- When people developed health needs which required further investigation, the registered manager was proactive in ensuring these were acted upon promptly. One relative told us, "When [person] had their last day in hospital they were going to be discharged which wasn't right. The registered manager and care worker stood their ground, they really looked out for [family member], they went over and beyond [to make sure more tests got done.]"

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- For people who were assessed as lacking mental capacity for certain decisions, mental capacity assessments were undertaken and best interests decisions were recorded. The registered manager understood the principles and process, and planned to strengthen the documentation supporting this. They

booked some further training in this area immediately following the inspection.

- The registered manager submitted DoLs applications to the local authority for young people when they reached adulthood and regularly checked the status of these applications while they were still pending.
- For young people under the age of 18, records showed the right documentation and consent was in place to ensure appropriate relatives and professionals were involved in making decisions.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and we saw people being supported to make decisions throughout the inspection.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives and staff told us people were well cared for. One relative told us, "I have seen how beautifully the staff care for and interact with my [family member]. Their behaviour has also improved greatly since they moved to Lataya House." One person said, "All the staff are good. None of them are bad." A relative said, "They really look after [family member]. Staff are always there for their needs. I always thank them, I wouldn't want any changes."
- Staff were patient and used appropriate styles of interaction with people. One person frequently sought out physical contact from staff, holding their hand or arm, putting staff's arm around their shoulder. We saw staff were consistent in supporting the person's sensory need for this. The person also liked to have a staff member sat close to them when they were eating or on the sofa, and we consistently saw this happen.
- Permanent and regular agency staff who had worked in the service for a while knew people well and were knowledgeable about their care. Shift leaders ensured that newer staff received guidance and support as they got to know people and their routines. Staff spoke warmly about the people living in the service and many staff told us how much they enjoyed supporting the young people. One staff member said, "When I first walked into the home it just felt right, like a family home." Another told us, "The home has a real family vibe, the care is consistent and relaxed."

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

- People were involved in their care and encouraged to make choices. For example, during an early morning visit, and an evening visit, there was a relaxed atmosphere. We saw people following their own routines of when they preferred to get up in the morning and get ready for bed. One person told us they took showers whenever they wanted. Care plans set out how people preferred to receive their care and their usual daily routines in detail.
- During the inspection one person's school closed unexpectedly so they came home. This change of routine was unsettling for them and when they came back to the service they were very active, continuously and quickly moving around. Staff supported them with this, re-directing them where needed, making suggestions and always supervising their whereabouts to ensure they and others remained safe.
- Statutory visits by social care professionals were facilitated. This ensured those supporting and advocating for people living in the service could check their human rights were respected and ascertain their views and wishes. For example, social workers, personal assistants and independent reviewing officers. One professional told us, 'I have visited announced and unannounced and have no concerns.'

Respecting and promoting people's privacy, dignity and independence

- We received some mixed feedback about the promotion and development of some people's independence

skills. One professional queried whether the service was more oriented towards providing care to children rather than promoting an adult independent approach. Some family members provided positive feedback about the skills their relatives had developed since living in the service. Care plans included information about how to promote people's skills and independence.

- On an evening visit, we saw a person started to take their clothes off in the lounge. They were asked to go to their bedroom to protect their dignity and they did this without hesitation. This approach was documented in their care plan. On an early morning visit we saw people being supported to get up and ready for the day. Bathroom and bedroom doors were always closed when people were supported with their personal care.
- Systems were in place to protect people's confidential information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People had personalised care plans in place which included information about their personal needs, choices and preferences. People's abilities and strengths were set out along with guidance for staff to follow to support people in the way they preferred. For example, "I can follow instructions really well but I can struggle to process information when I am excited. I really like having a bath so staff need to give me prompts and instructions in small and clear sentences using few words whilst being calm and positive."
- Staff told us communication and handovers were effective and spoke positively about good team work. These all contributed to people receiving high quality, personalised care. One member of agency staff said, "There is good team work. Everyone is equal, and we work together." We observed a handover meeting which provided detailed information from one shift team to the next. We also observed staff communicating well within the team which ensured people were appropriately supported at all times.
- We discussed with the registered manager how care plans could be strengthened further. For example, by including more information about people's future aspirations and goals. Also, developing the care plans to include consideration of people's equality and diversity characteristics such as their cultural, religious, identity and sexuality/personal relationships needs and how these could be supported. The registered manager was supportive of these suggestions and immediately began work on this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People using the service had a range of communication abilities and ways of communicating their needs, wishes and feelings. Care plans included information about people's individual communication needs and preferences. We saw staff and people communicate effectively together throughout the inspection. At times this differed to the preferred approaches set out in people's care plans. For example, one person's care plan stated they used a 'Now and Next' board but the registered manager explained their current preference was to use sign and gestures, which we observed in use.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- The registered manager confirmed any document could be created in an accessible format using symbols or other preferred means of communication. Work was going to start on the 'Young People's Guide'

document to make it more suitable for people using and moving into the service.

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

- People were supported to participate in social and leisure interests and staff had good knowledge of people's preferences. To ensure people had the opportunity to do plenty of the activities they enjoyed and were meaningful to them, the registered manager agreed it would be beneficial to review how activities were planned across the week. This would ensure the right balance of time spent relaxing at home and time spent engaged in activities in and out of the service.
- Some mixed feedback was received about how people were spending their time. One relative said, "I think [relative] needs more stimulation." Other relatives were satisfied with how staff supported people in this area and told us about the activities their family members regularly did. The registered manager was committed to people following their interests and having opportunities to do the things they enjoyed.
- People who used the service spent time regularly with people who were important to them. This included visits to their family homes as well as relatives visiting the service. People were also supported to use the phone to keep in touch with loved ones. One family member said, "[Relative] takes the phone to staff if they want to speak to me."

Improving care quality in response to complaints or concerns

- A complaints policy was in place and we saw complaints were taken seriously and investigated following the policy.

End of life care and support

- There was an end of life policy which would be followed in the event this type of care was ever required.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked directly with people and led by example. They were passionate about people receiving the right support, right care and right culture. They worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Staff felt respected and supported by management which facilitated a positive and improvement-driven culture. One staff member said, "[Registered manager] is really supportive, they are always keen to help you develop, any suggestions to improve the home are always taken onboard."
- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.
- The registered manager was supportive of the inspection process and welcomed feedback on any areas which could be improved further. They immediately began to implement suggestions and provided updates on actions taken, and further actions planned.

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

- There were effective systems in place to monitor the quality and standards of the service. This included a monthly manager audit and regular updates from the registered manager to the provider's senior management team. The manager agreed with suggestions to expand some of the areas of the monthly audit, for example, to include analysis of incidents and behaviour charts, and implemented this immediately.
- The registered manager had effective oversight of all areas of the service. They had developed and embedded good practice in staff training, recording and follow up to restrictive interventions, and the staff team were clear about what constituted good and poor practice in this area.
- Regulatory requirements and responsibilities were met by the registered manager. Notifications to the CQC were submitted as required.
- Policies were in place to support the safe and effective running of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service supported people with a range of abilities and equality characteristics. People and their representatives/relatives were fully involved with their care and made significant decisions, with the support of staff and other professionals where required.
- Regular house meetings and key worker one to one sessions took place so people living in the service could contribute and share their views and feelings. Recent house meetings had discussed a Halloween party and going back to school. The registered manager was looking at different formats for the house meeting in future to make it more useful and enjoyable for people when they attended.
- Feedback was sought from relatives and professionals working with people informally and through surveys. These were due to be sent out again shortly.
- The registered manager and staff continued to work in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service. One professional said, "I don't think [registered manager] could work any better with us. They are very proactive, accommodating and enthusiastic about as many professionals being involved as possible."

Continuous learning and improving care

- The provider kept up-to-date with national policy to inform improvements to the service.
- The registered manager and provider shared an ongoing action plan which they used to drive continuous improvements to the service.
- Ownership of the service had recently changed. The registered manager was positive about the opportunities this would bring to improve how things were done. They were confident this would impact positively on the care people received.