

The Regard Partnership Limited

The Regard Partnership Limited - Restormel Terrace

Inspection report

8 Restormel Terrace
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 20 and 21 August 2018.

8 Restormel Terrace (known as Douglas House by the people who live there) is a residential care home, which provides accommodation and supports the needs of people with a learning disability and associated conditions such as autism and Asperger's.

The service is currently registered to accommodate and support a maximum of four people. At the time of the inspection four people were living at the 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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.

At the last inspection, on 19 and 20 October 2015, the service was rated as outstanding in the domains of caring, responsive and well led. This meant that the service was rated as outstanding overall. At this inspection we found the service remained outstanding in those domains and therefore overall.

Why the service is rated outstanding.

People living at 8 Restormel Terrace had complex care needs and required a high level of support with daily care needs inside and outside the home. We met with all four people during our visit and observed some interactions between them and the staff. People had capacity and were able to verbalise their views and staff also used other methods of communication, for example visual choices and information sharing. The focus was on including people and seeking their involvement in every aspect of their lives.

When we arrived people were going about their day and following their planned routines. These planned routines helped provide reassurance to people who were living with autism. People were living a full life and there was a busy but relaxed atmosphere during the day. As the day went on people were either enjoying time on their own, with staff interaction when they needed it or going out on a planned activity. This was all based on people's individual wishes.

People were encouraged to live active lives and were supported to participate in community life as much as possible using small, achievable goals that were obviously working. People were now able to attend community groups on their own, meet peers living nearby, attend social skills courses and practice independent shopping with less support. Activities were developed for people who perhaps had not tried certain activities before in order to increase the choices available to them. Other activities reflected people's existing interests. The environment and the outside spaces had been designed for people living with autism to allow people to safely be on their own in the communal areas and courtyard in most weathers and to have support to choose what they wanted to do. There were quieter spaces where people could go if areas got too noisy or they wanted some quieter time.

The provider and registered manager had taken innovative steps to ensure people were at the heart of the service and involved in all aspects of the running of 8 Restormel Terrace, whilst encouraging and promoting independence. People's opinions were regularly sought and valued. For example, people were enabled to achieve activities that had previously been a challenge for them and these were celebrated with consent in a 'Douglas House achievements folder' and visually with a digital photo frame. This all promoted a positive focus in people's lives and celebrated success. Careful planning and involvement of those living at 8 Restormel Terrace clearly showed that the service was person centred and promoted a high quality of life. Family contact, holidays and people's management of their own health, activities and work was important. A gentle, encouraging approach had resulted in an increase in positive behaviours and inclusion within the community. People and staff also knew each other well and were supported to live together in harmony, understanding each others needs.

People had their health needs met. People received visits from healthcare professionals, for example speech and language therapist and GPs to ensure they received appropriate care and treatment to meet their health care needs. Professionals confirmed staff followed the guidance they provided. The provider and registered manager also pro-actively sought advice from external agencies to further enhance people's lives and enable them to move forward and grow. For example, people's behaviours related to anxiety, alcohol abuse and repetitive negative behaviours had very much positively improved since living at the service. People, as well as staff, took on champion roles in a meaningful way and ensured their subsequent specialist knowledge was used to benefit everyone at 8 Restormel Terrace. For example, people had been trained to meaningfully become health and safety and first aid champions, as well as attending training with staff in topics that benefitted everyone. For example, in men's health and oral care. This meant that when one person needed additional support, this was addressed in a general way involving everyone living at the home so they could all work together and understand each other without one person being singled out.

Some people had more complex communication needs and these were individually assessed and met. People were encouraged and supported to make as many decisions and choices whenever possible in their day to day lives, this was often through visual images, patient encouragement and information sharing and through social stories. This had enabled people to prepare fully for holidays, trip out and health appointments to reduce negative behaviours and anxiety with success. People were supported to access the community and promote their independence. For example, people who had previously been reluctant to go into the community independently for a long time, now had a programme developed and encouraged by staff to support them and regularly discussed people's feelings about their progress. Other people had been able to take foreign holidays or take a trip to visit a relative. Staff and relatives worked together to support people in their own home. Families and staff were very involved in care and risk planning and sourced different ways for people to access the community safely.

People were now able to access many areas in the community due to the support they had received from staff to further enhance their quality of life within their community. This included support to seek voluntary

work experiences, be involved in relevant charities and spend time with peers living in the provider's other services nearby.

Staff were observed supporting people with great understanding about how individuals living with autism saw the world and displayed patience and kindness. Compassionate care was really important to the values of the service and was clearly reflected in how staff cared for people. People were matched with staff who they particularly got on well with and all had a named key worker whom they spoke of. One person said, "He's [staff member's name] my friend really." Valuing people and enabling them to feel they mattered was important and staff enabled people to help in the running of the home. For example, a cooking club enabled people to plan meals and do the shopping on a regular basis. People used their chosen easy read recipes which enabled them to eat together when they wanted to and people took it in turns to choose the meat for the Sunday roast. The staff had built strong relationships with the people they cared for and respected people's privacy. People or their representatives, were very involved in decisions about the care and support people received. People were able to voice their opinions and aspirations knowing they would be listened to. For example, one person had expressed a desire to move nearer their family and this was being looked at with the person, including discussing the reality of moving and visiting possible services.

People, relatives and staff felt the service was extremely well led. Relatives and staff described the registered manager as very approachable, available and supportive. Staff talked very positively about their jobs and took pride in their work, all telling us how much they found their work enjoyable and rewarding. Comments included, "I like working a Douglas house because everyday is different, the team are really good and I class them all as friends. I like seeing people progress and learn new things."

People lived in a service where the provider's values and vision were embedded into the service, staff and culture. The registered manager and staff were very passionate about the service. They had very robust quality assurance processes in place with the support of a head office. Audits were conducted to ensure any issues in the quality of care and environment were identified promptly. Accidents were investigated and, where there were areas for improvement, these were shared for learning with people, staff, other services and health professionals.

The provider had a complaints policy in place and the registered manager said any complaints received would be fully investigated and responded to in line with the company's policy. They also recorded minor 'grumbles' to ensure any patterns in complaints could be addressed quickly. Staff knew people very well and used this to gauge how people were feeling. The policy was also provided in an accessible format for people, who told us they knew how to make a complaint. Each personal daily outcomes record, which was very comprehensive, asked people using facial Emojis how they felt their day had been.

People remained safe at the service. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. The interview process also included a second day where people living at the home were supported to interview potential staff using an easy read interview record. Staff confirmed there were sufficient numbers of staff to meet people's needs and support them with activities and trips out and that people received the one to one support they needed.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Very comprehensive risk assessments had been completed to help ensure people could retain as much independence as possible. People received their medicines safely by suitably trained staff and some people were supported to manage as much of their medicines as they could using easy read check lists.

People continued to receive care from staff who had the skills and knowledge required to effectively support

them. Staff had completed a wide range of training, e-learning, practical and classroom based, including safeguarding training and the Care Certificate (a nationally recognised training course for staff new to care). Staff confirmed the Care Certificate training looked at and discussed the Equality and Diversity and the Human Right needs of people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were met and their health was monitored by the staff team, whilst also promoting information sharing to enable people to self manage their health with understanding. People had access to a variety of healthcare professionals with the staff recognising when a person may need review by a specialist professional.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought. Care plans were very person centred and held comprehensive details about how people liked their needs to be met, taking into account people's preferences and wishes. Information recorded included people's previous medical and social history and people's cultural, religious and spiritual needs.

People lived in a service which had been designed and adapted to meet their needs. The service was monitored by the provider to help ensure its ongoing quality and safety of the care people were receiving. The provider's governance framework, helped monitor the management and leadership of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Outstanding ☆

The service remains Outstanding

Is the service responsive?

Outstanding ☆

The service remains Outstanding

Is the service well-led?

Outstanding ☆

The service remains Outstanding

The Regard Partnership Limited - Restormel Terrace

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.

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

The inspection was undertaken by one adult social care inspector on 20 and 21 August 2018 and was unannounced on the first day.

Before the inspection we reviewed information we held about the service. We reviewed notifications of incidents the provider had sent to us since the last inspection. A notification is information about important events, which the service is required to send us by law.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. At our last inspection of the service in October 2015 we did not identify any concerns with the care provided to people.

People living at 8 Restormel Terrace had some communication difficulties due to their learning disability and associated conditions, such as autism. However, we were supported to spend time with people who were able to share some of their views about living at the service. During our inspection we spent time with all four people, observing daily routines and interactions between people and staff supporting them. This helped us gain a better understanding of people and the care they received at 8 Restormel Terrace.

During our inspection we spoke with the registered manager and the regional director. We looked at three records which related to people's individual care needs. We viewed three staff recruitment files, training evidence and records associated with the management of the service. This included policies and procedures, people and staff feedback, and the complaints process.

Following the inspection we spoke with two relatives about their relatives' care. We also spoke with five staff members and received further feedback from six staff members by email and two health professionals involved with people at the service. We asked them about their views and experiences of the service. Their feedback can be found throughout the inspection report.

Is the service safe?

Our findings

The service continued to provide safe care. People who lived at 8 Restormel Terrace had some communication limitations but were able to share their experiences of living at the service. They all told us they felt safe at the home. We spent some time with people observing their daily routines and when they were being supported by staff. We saw people were comfortable and relaxed with the staff supporting them. People looked to staff for reassurance when they felt anxious or unsure and because staff knew them well they were able to use appropriate distractions and conversation topics to reduce the risk of elevation of anxiety or emotions. People's laughter, body language and interactions also told us they felt safe and comfortable with the staff supporting them.

Staff all agreed that people were safe. They commented, "I think it's great that such a warm, caring and safe environment has been created. I feel the care we provide as a team is of the highest quality, and we have an amazing team here and being part of it is a privilege."

People continued to be protected from abuse because staff knew what action to take if they suspected someone was being abused, mistreated or neglected. Staff were confident the registered manager would take action, but also knew where to access the contact details for the local authority safeguarding team should they have to make an alert directly. Incidents due to frustrations between people living together were minimised because staff promoted knowledge and an understanding of each person's personalities. For example, if people were antagonising each other this was quickly recognised and any incident diverted.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice looking at how to celebrate people's individuality for example such as ethnicity. Staff completing the Care Certificate (a nationally recognised qualification for staff new to care) covered equality and diversity and human rights training as part of this ongoing training.

People had their needs met by suitable numbers of staff to support them, based on the activity they were undertaking. Throughout the inspection we saw staff supporting people, meet their needs in a timely way and spend time socialising with them. Staff were recruited safely and checks carried out with the disclosure and barring service (DBS) ensured they were suitable to work with vulnerable adults.

People had the risks associated with their care assessed, monitored and managed by staff to ensure their safety. Risk assessments had been completed thoroughly to ensure people were able to receive care and support with minimum risk to themselves and others. There were clear guidelines in place for staff to help manage these risks. People had risk assessments in place written in a positive way regarding their behaviour, which could be seen as challenging to themselves. Staff had discussed risks with people to ensure they understood their behaviours and knew what may happen. For example, one risk plan was also in easy read format so the person knew, 'if you do this, this may happen' or 'if you do this [staff member's name] will do this'. The person told us that there was a photo of the staff member and they knew what would happen so they tried not to do those negative behaviours because they had been involved in the

management which reduced their anxiety. The registered manager had recognised for another person that any staff threat of involving the 'police' was not helpful (although an appropriate action for staff to take in some circumstances) and could heighten a situation. The risk plan made it clear what words staff should use with this person and discussions had involved the person throughout.

People's accidents and incidents were recorded and referrals were made to the local learning disability team for additional advice and support if required. People's finances were protected by a variety of systems and were checked regularly with full involvement of each person.

People continued to receive their medicines safely from staff who had completed training. Systems were in place to audit medicines practices and records were kept to show when medicines had been administered. People with prescribed medicines to be taken 'when required' (PRN), such as paracetamol, had records in place to provide information to guide staff in their administration. Information included; what the medicines were for, symptoms to look for, alternative initial actions to try, the gap needed between doses or the maximum dose. Most people were able to be involved in self-medicating in some form and were fully involved in managing their medicines. They knew what they were taking and why and understood how staff supported them and were involved in the recording process.

People lived in an environment which the provider had assessed to ensure it was safe and secure. The fire system was checked with weekly fire tests carried out. People had individual personal emergency evacuation procedures in place (PEEPs). People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. Staff were competent in their roles and had a very good knowledge of the individuals they supported, which meant they could effectively meet their needs.

People were supported by staff who had received training to meet their needs effectively. New staff new to care completed the Care Certificate which is a national programme of training specifically for new staff. Staff completed a very thorough induction which also introduced them to the provider's ethos, policies and procedures. The induction (supporting development and potential) was completed over 12 weeks and included the provider, The Regard Partnership Limited's values, vision and mission and staff role. The registered manager had ensured staff undertook training the provider had deemed as 'mandatory'. This included understanding autistic spectrum, epilepsy and fire safety.

Staff were supported and received very regular supervisions and kept staff development support plans with a focus on development and progressing within their role. One staff member told us, "The manager is very inspiring as she has a real passion for her job. She has supported me from being a support worker to becoming a senior support worker. She has pointed me in the right direction of appropriate training for this job role and supporting me through my level 3 health and social care." Team meetings and staff role specific meetings were held. This kept staff up to date with current good practice models and guidance for caring for people with a learning disability. For example, there was discussion recently about how the staff mentoring programme could be supported, new supervision paperwork to include a staff wellbeing section and a new 'area of concern' meeting form which would be used for support and learning where staff had not followed best practice. Team Teach sessions included internal learning sessions about topics such as CQC, duty of candour and how to support people's 'unwise' decisions. Staff were encouraged to reflect whether methods had worked and to promote person centred support. Learning was then made into easy read leaflets so people living at the home understood duty of candour and the role of CQC. For example, people living at the home knew about CQC and inspections and were fully involved in helping us during the inspection.

People's care files held communication guidelines. Each documented how people were able to communicate and how staff could effectively support individuals. People had a 'Hospital Passport' in place which would be taken to hospital in an emergency and provided details on how each person communicated. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in people's everyday lives. Pictorial images were displayed around the service to help ensure signs and information was in a suitable format for everyone. This demonstrated the provider had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

People continued to be supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. People identified at risk due to fast eating for example, had been referred to appropriate health care professionals such as, speech and language therapists. The advice was clearly recorded and

staff supported people with suitable food choices. People were supported to be involved in choosing, purchasing and preparing food. We saw people preparing their own food and eating where and when they chose.

People were encouraged to remain healthy, for example fun activities were undertaken, and included supporting people going for walks. Support plans covered all aspects of care including health and well-being. For example fitness and sporting activities, sleeping and men's personal health issues. Referrals were made to other health and well-being professionals such as psychologists and specialist consultants, as necessary.

Staff confirmed they had completed training about the Mental Capacity Act 2005 (MCA) and understood how to support people who lacked the capacity to make as many decisions for themselves as possible. All the people living at 8 Restormel Terrace at the time of the inspection had mental capacity to make decisions and staff knew and respected this. Staff encouraged and supported people to make day to day decisions, waiting for consent before proceeding with support. Where people were thinking about a larger decision this was discussed with the person and the process fully recorded in care plans. For example, if a person expressed a wish to move nearer to family. Records showed the person, family, independent advocates and healthcare professionals had also been involved in the decision making process and discussing the realities ensuring informed choices for people. Another risk assessment had been written with a person detailing guidelines for alcohol use. These had been written in a positive way acknowledging their history and that the person had pro-actively asked for support in this area. The person had signed to say they were happy with the guidelines and for staff to support them with the guidelines, which were then regularly reviewed. This meant they did not feel restricted but were regularly praised. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support people in this area although no-one was required to be subject to this during our inspection.

People lived in a service which had been designed and adapted to meet their needs with the involvement of the people living there. The environment and the outside spaces had been designed for people living with autism to allow people to safely be on their own in the communal areas and courtyard in most weathers and to have support to choose what they wanted to do. There were quieter spaces where people could go if areas got too noisy or they wanted some quieter time.

Is the service caring?

Our findings

People continued to be provided with sensitive and compassionate support by a kind, committed and caring staff team. We observed staff treated people with patience and kindness. We heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. People appeared very relaxed and comfortable with the staff working with them. Staff and people regularly made coffee for each other. There was a busy, but happy and fun atmosphere in the service. People were supported by staff who had worked with them for a number of years and had built strong relationships with the staff. Relatives agreed the care provided was "very good."

There was a clear focus on people living at the service being included in how the service was run and being at the heart of how they were supported to live their lives. For example, it was very important for people to be supported to understand each other and live in harmony together. Personal profiles in easy read format were displayed on the home notice board about each person and each staff member. This had been discussed with people to ensure they were happy for them to be displayed and they were happy to show us themselves. These profiles showed 'what is important to me?' - such as having company, talking to people, consistency, music, lots of tea and Christmas'. 'What others like and admire about me?' - I'm honest, I can have a really good laugh and be sarcastic and I'm good at crosswords and quizzes. And 'How to best support me?' - Start conversations as I am shy sometimes, use humour, remind me of things I need to do and I like it when staff watch DVDs with me. This showed the people and staff as equals and enabled everyone to see quickly how to interact well with each other. For example, where some people were louder than others staff ensured quieter people were seen and included in conversations and each person knew what things others did not like. We saw staff reminding people, saying '[Person's name] you know [person's name] doesn't like too much noise shall we be a bit quieter (or suggesting an activity to do). The registered manager said this had helped people to learn tolerance because they knew each other.

One staff member told us how their champion role was one of inclusion by supporting people living at the service to manage their monthly resident's meetings. They said, "We support people and include them in all aspects of the day to day running of the home." They were passionate about supporting people to organise their own meetings and agenda. They saw it as a great opportunity for people to sit down together and talk about upcoming events, news, what people had been doing and any news. The agenda included what the service needed to buy and what people thought. One meeting had resulted in changing the location of the kitchen and dining room to where people wanted it.

The meetings were also a time to remind people in a positive way of current topics or behaviour guidelines such as 'how to keep safe on the internet', 'safety in the community and how to interact with the public' and 'how to make a complaint or report abuse'. One meeting had praised people on getting better at cleaning up saying 'Well done, keep it up!'. A service user 'information station' included a notice board full of easy read and pictorial information that people could access when they wanted. For example, community information, what duty of candour was, police local crime alerts, health information and the Equality Act. One person had celebrated achieving a certificate for being a 'Third Party Reporting Ambassador' for the police. This was through a local organisation which staff had found that supported adults with learning

disability to speak up on important issues. Another person attended the hospital user group which was involved in devising 'hospital passports' and now included a section on epilepsy and mental health following their input.

The resident's meeting minutes were written in an easy read version and people all read and signed they were happy with them. For example, pictures were used to inform people what their goals were and what they had achieved such as '[Person's name] hasn't been to golf yet but did try trampolining' or '[People's name] would like to go swimming again with staff'. The recent minutes said, 'Everyone still enjoys watching a film together after their roast.' This ensured people remained happy with what they were doing. Each personal daily outcomes record also asked people each day if they were happy with how the day had gone using facial Emojis. Where there had been negative behaviour incidents there was inclusive de-brief sessions with people and staff where they could chat about what had happened and what actions had been taken. For example, due to one person's behaviour extra staff were now available in the morning when incidents had happened and people were fully informed and assured that they were safe.

People were supported to work together in the kitchen with the creation of a 'cooking club' which also promoted healthy eating. This enabled each individual to take the lead for a weekday meal to build confidence in social skills and independence and take it in turns to choose the meat for the Sunday roast. A visual board reminded people whose turn it was as well as a tea bag buying rota. They had devised easy read recipes of meals they liked such as 'Big Daddy Burger'. Fridays were 'fakeaway' night where a rota showed who would be making what. For example, 'Friday- [People's names] will be making homemade burgers with wedges and beans' with pictures of the people and the food. Named staff were the 'cooking co-ordinators' with their pictures on the board along with other healthy eating information. This activity helped people develop their social skills without highlighting those who needed more support. For example, a no touch policy, more important for one person who had difficulty with respecting people's personal space, was discussed with everyone. People had been involved in making a provider video about consent. This was used to show other services in the provider portfolio their journey and achievements and the impact outstanding care had had in the service.

Where people had particular skills they needed to practice or work on, staff ensured this was not highlighted but addressed in general as a home. For example, if some people were at risk of eating unhealthy choices, the 'Go, Slow, Whoa' information was displayed for all and re-enforced for everyone. Some people needed encouragement with oral care. Good oral care information had been shared with everyone at the home through a fun training session from an oral care charity. There was now a home 'dental care champion' to keep this knowledge fresh. Each person had received a certificate. This was also the case for men's health training such as prostate awareness, health and safety and first aid training. Two people acted as health and safety and first aid champions and were supported to complete the regular home checks using individually appropriate forms. For example, checking how many plasters, dressings and safety in the kitchen, lounge and dining room. People proudly showed us these and their Fire Warden's Assistant Award certificate after which they now did the home fire checks with staff support.

People were also valued and supported to have meaningful input into the interview and recruitment process for new staff. A second day of interview included a day spending time at the home with people and getting to know them as well as a formal interview with people living at the home. Staff had devised an easy read form with questions chosen by people. For example, 'If I was to become angry how would you support me?' and 'What are your likes and dislikes?'.

People were given emotional support when needed, for example if people needed reassurance when their daily routines had changed. For example, if people had to visit a dentist or GP surgery, the additional

support needed to support people was documented. We heard about how people were supported following a bereavement. This had been very person centred involving the person and sharing information sensitively. The registered manager said, "It was important to show we were listening, using the right words for the person. We helped them have a change of scenery and supported them in another home for a short while seeing the same staff. Then they returned to accepting their medication again which made them feel better. A family tree with family photos had been created on one person's bedroom wall in tribute to their family. They had been supported in attending the funeral with clear information about what would happen and support each step of the way. A clear risk assessment about this low period had addressed the person's responses and support put in place during this time. For example, ensuring the person knew a staff member would be available for one to one time in the dining room with allocated times to chat which the person could choose to use or not. This had resulted in the person sharing their feelings and instigating conversations and not isolating themselves which had happened before. Another person who was reluctant to share feelings had been referred to 'The Feelings Team', which was a tailored psychotherapy session and was supported to attend as they felt comfortable. Care plans included end of life care as a working document as appropriate for younger people. The registered manager had completed a local hospice 'six steps' end of life course as well as visiting a crematorium as they knew people living at the service liked to know details.

People had decisions about their care made with the involvement of their relatives or representatives. People's needs were reviewed regularly and staff who knew people well attended these reviews. This was clear from the detailed review reports we saw. We then saw staff following the advice given by a social worker reviewer. For example, understanding people's arousal cycle and what staff could do in response. The registered manager showed us how they now recorded smaller crisis events which enabled them to minimise anxious periods for one person and showing a reduction in incidents. People had access to independent advocacy services, and were supported to access these when required. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

Staff continued to support people to maintain and develop their independence. This was very important and staff all told us that was what they aimed to do. For example, staff encouraged people to participate in household tasks if they were able to. There were clear pictorial charts showing people what was expected of them, which staff were available and what activities were happening for each individual. This meant people knew their routines were happening and what was happening next. Staff did not rush people and support was given at the person's own pace. Staff were seen to be very patient and gave people time while supporting their independence. For example, if people were reluctant to buy clothes or new items or carry out a personal care task, staff did not 'nag' people but understood people's lifestyle choices and when the person liked to do the task or what would slow them down. When the task was completed there was praise and recognition. When personal care was a male issue, male staff supported people with successful results using humour where appropriate and showed their close relationships with people. For example, we saw staff discussing how to shave in a relaxed conversation.

People's privacy and dignity was promoted. The staff team remained passionate about respecting people's privacy and dignity. Staff knocked on people's doors prior to entering their rooms. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. Staff continued to meet people's diverse physical, emotional and spiritual needs. The service had a culture which recognised equality and diversity amongst the people who live in the service and the staff team. For example, one person had been supported to access bible study in a way that was acceptable for them, which they told us they really enjoyed. People were not discriminated against in respect of their sexual orientation. People's care plans were very descriptive of people's needs and followed

by the staff.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team. One staff member said how much they enjoyed their role and people's company at night saying, "We have one night owl, who is usually up a little later and they like to come and have a chat. We also have an early riser, so on some days the morning can start as early as 5am, they are usually happy to see you and again they enjoy a good chat. It is very much service user led". Staff were consistently complimentary about the registered manager saying, "[The registered manager] has a very caring nature, and she supports her staff just as equally as she does the service users we have here at Douglas house, she thrives on achieving and pushing this house and the team to do our very best."

People, where possible, received their care from the same group of staff. This consistency helped meet people's emotional and behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered. This was particularly important when arranging holidays and trips away on a one to one basis. Preparation was key and ensuring the person and their support worker were both happy with arrangements and had worked in partnership, for example when developing their social story showing in picture form what would happen.

The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. People knew and had consented to individual information being shared on a case by case basis. This was in line with the new General Data Protection Regulations (GDPR).

Is the service responsive?

Our findings

The service provided outstanding support that was very responsive to people's needs. Rather than just managing and addressing behaviours which could be challenging for staff, the service tackled underlying reasons, triggers and sought health professional advice. This was because they wanted people to have the best quality of life possible. Staff completely understood what was important to individuals and ensured these needs were met. They said, "We are so lucky here, we are all a team, people too. It's a lovely group of people." The service really felt like it was a person's home and people could choose what they wanted to do, at the time that they wanted to do it. For example, when we arrived for our inspection people were chatting in the kitchen discussing what was happening that day. Picture timetables helped people all know who was doing what and each person liked to know in detail. Staff photos on a picture board showed which staff were supporting them and who was in or out. There were routines in place due to people's need for structure due to their autism. However, staff started people's routines with them when people were ready.

The staff team worked together to ensure that people were treated as individuals and that they provided the best care and support to people that they could. People living in the service were given plenty of opportunities to take part in a wide range of activities which contributed positively to their wellbeing. During our inspection, some people were going out for a cream tea with friends at a nearby service.

Staff supported people to do skills based activities and then integrated their learning into their lives at home with their house mates. One person had attended WhizzKids, where they got to cook something different for lunch and prepare a meal to bring home. This enabled people to celebrate another's achievements and have fun trying foods they would not usually eat. Recently they had made risotto balls, aubergine crisps and tomato salsa. They had also made tea cakes which staff told us "didn't last too long, as they shared them out once they returned, with the other service users." This forged a sense of pride and belonging which was an important focus at the service. Another person attended a social skills group and their learning was incorporated into their care planning and staff supported them to re-enforce good social skills at the home. One person was supported to care for a small pet with a picture feeding chart. Staff ensured all the staff team were following care plans, for example where a new staff member had not understood the importance of professional boundaries and appropriate chat with people, they had raised the issue with the registered manager and actions for improvement had been taken.

The registered manager and staff told us of the tremendous improvements people had made since moving into the service. This was re-iterated by health professionals who commented, "Whenever I visited, I found the manager and staff to be very welcoming, knowledgeable and helpful. [Person's name] had lived there for several years and in that time made significant progress in their independent living skills, routines and self-care, and in maintaining good mental health and I had no concerns." The progress people had made had really impacted on their families and friends and enhanced their relationships. One person had been supported to attend a family wedding, preparing and choosing clothes. For example, staff had persevered to encourage one person to travel to visit their relative. The planning had much discussion with the person, phone calls to their relative, pictures and photos showing the preparation, travel plan and the destination. The person had been able to say what they would be happy to do with support, such as not staying

overnight and a visit had happened successfully in the way the person felt comfortable. Another person had made a long trip to Cornwall to see a relative and told us all about it with big smiles.

Staff showed that people were listened to. One person had expressed a desire to move services nearer to family. This was being well managed in a sensitive way and the person said they felt staff were helping and listening. Staff were working with other health authorities to gently introduce the person to the reality of moving, travelling to visit other services and involving family. Another person was gently being encouraged to spend free time independently which they had been reluctant to do. Now they were able to go and visit friends in nearby services and pop to the shops to get their own snacks and even purchasing new items. This had been incorporated into their routine and how they felt about it was discussed each day, praising the person for going, even if for a short time. Staff were very calm with the person which helped to reduce any heightened emotions. For example, they became very excitable about the football World Cup so staff had absorbed this by embracing everyone at the home and arranging a party to reduce any negativity related to over excitement. Another person had finally made it to a real football match which they told us about. This had taken a lot of planning with a staff member who had known them for many years.

Holidays were planned well in advance and an option for everyone. People had picture stories of what to take, a shopping list and a calendar to count the days until departure. People worked with their key workers and the staff member going with them. Clearly, when a person told us about their last holiday and an upcoming foreign holiday, these had been very successful and we were shown lots of photographs. They told us, "[Staff member's name] is very funny and friendly. They come with me on holiday. They tell lots of bad jokes." Another person said, "I like working with my key worker. We do home checks, listen to music and read the papers. It's a good, nice place."

There were many examples where people's emotional and psychological wellbeing had improved in addition to developing their life skills. Personal daily outcome records recorded for each person what emotional support they had had individually and included, "Talking to staff for an hour in the dining room" for example. As well as sensitive support following a bereavement and access to spiritual support in an effective and practical way, staff looked at ways to encourage people to access health services with as little anxiety as possible. For example, the service had devised a de-sensitising programme to support one person where they would not have their bloods taken and this had become a negative issue. The staff worked very carefully with health professionals. They slowly introduced the person who would take the blood, made opportunities to see and touch equipment without bloods being taken, shared pictures and a story of what would happen and then celebrated the successful blood taking. The person gave a big grin when we asked them about it. This also worked when attending the hospital for neurological tests, with photos of the hospital and equipment and meeting the staff there. The registered manager had also involved the local police in training people on local topics to promote a positive relationship and understanding of each other. The police also came for a cup of tea with people and they discussed local crime topics to promote safety in the community.

The 'Douglas House' achievement folder was important to people and they enjoyed showing us the pictures. People used the folder for visitors and health professionals as well as showing family and friends. This further enhanced the positive focus at 8 Restormel Terrace. The regional director said, "We all understand each other, promote collective learning, appreciation and tolerance." The Regard Partnership newsletter was also shared with people who contributed to the 'good news' section. Family members had been regularly informed about the great achievements and tasks their relatives were now completing. How each person had grown and developed and made significant choices in their everyday lives. The folder showed how people's equality and diversity had been celebrated and incorporated into the home. Regular 'World Culture Days' were chosen by people so the service had organised a Greek Day inviting friends from other

services and making Greek food. These days were supplemented by information packs in easy read about each country's culture, food as well as customs, clothing and history. They were now planning an Australian Day. The care Home Open Day had had a theme of 'commonwealth' with flags, food and colours of the commonwealth. People were supported to organise charity fund raisers and staff promoted the social skill of thinking about others. They had had a 'Purple Day' with purple clothes and cakes for a local charity and a charity event for an epilepsy charity which was relevant to people at the home. People celebrated being valued members of the community.

People were supported to find voluntary work which suited their needs. People had practised their social skills within the home and were now able to use these in work. Now people had built up CVs and attended email and CV courses. Staff encouraged people to remain motivated. One person had completed paid work painting the garden wall, which they proudly showed us. Some people attended work on their own following staff support at first, such as gardening, cooking for the elderly at a church and working at the bus station. Staff supported people with finances and budgeting. There were easy read check lists so people could check monies themselves. If people were saving up for an item, this was made into an event with a total tally and then the shopping. One person showed us their new TV which they had taken a long time to think about, plan, save and buy.

The service was extremely person-centred and staff had an excellent understanding of people's needs. People had highly personalised care plans which ensured care was tailored to meet their individual and diverse needs. Care plans clearly illustrated people's needs and wishes. They included information about the person's background and what staff should take into account when delivering their care. Care plans we reviewed included comprehensive information about people's health condition. These care plans gave a detailed account of how people were to be supported and any risks posed by their health condition. Patience, gentle encouragement and full involvement of individuals had achieved outstanding results.

The registered manager had then taken many innovative steps to meet people's information and communication needs, including people without literacy skills. All documents, check lists, new staff interview notes, rotas, recipes and social stories were in picture form. This included information on the 'Information Station' for people to access when they wanted to. The regular satisfaction surveys were all individualised. For example, if asking 'Do you like your bedroom?' there was a photo of the person's actual bedroom. The provider also responded to people's comments individually, one response saying in easy read, "Thank you, glad you are happy. We know how important [item] is to you". This helped to ensure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. These personalised pictures helped people to avoid becoming anxious or upset and to understand their world.

There was also support to try new things. Staff were able to see if people would be receptive of a new opportunity by mentioning it in advance, discussing ideas with people in chat and more formally in meetings. Staff commented on the activities they had shared with people. People said they had really enjoyed the firework competition on the Hoe in Plymouth. One staff member said, "A favourite with people is a walk into town to buy essentials, a mooch around the charity shops, a window shop or an extended walk to the Hoe and Barbican." Staff took time to encourage people to go out but at their own pace. They said, "I've also been a little further too, supporting people on day trips to Newquay and Dawlish. In both instances travelling by train, which at this time of year can be a little busy, but people had a good day out exploring somewhere new. It can be tricky to get the service users out the door, but once out and active, they always have a good time." People had lots of opportunity to try exercise and games and they had enjoyed rounders

and Boccia in the local park as well as golf, basketball and walks.

The provider and registered manager completed a comprehensive assessment before a care package was agreed. The people currently living at the service had lived there for some years. These focused on what was important to each individual, their personal goals and wishes as well as obtaining information about their preferred lifestyles, their health needs, beliefs, hobbies and interests. The initial assessment formed the basis for the development of people's care plans.

People's care plans were followed by staff. Staff helped as much as practicable to respect people's independence to make sure people had what they needed. For instance, by engaging with people to be active and ensuring people always had the resources and any equipment they needed. There were enough staff at all times to support people inside or outside of the service. Staff were then able to encourage and support people in everyday tasks due to having this level of staffing. For example staff were able to plan an activity, one that a person had not tried or needed extra support with to become more independent, like shopping for their own food items. Staff were then able to support them at their own pace, yet always be available to return back to the service if this person became upset or anxious. This had enabled people to move forward and achieve more independence over time.

The registered manager, provider and staff were always aware of why the service was developed for people. They all talked about how they were working in someone's home rather than people living where staff worked. They adhered to these values to help develop individuals in the service. Each person had become more independent in everyday tasks which previously they could not do, for example shopping and work. They had also been given the opportunity to expand their social network.

The service made remarkable efforts to involve families with aspects of caring for people and help families understand people's responses and needs. This enabled them to see the work that went on with other professionals and give their input. This had proved invaluable and helped the staff team to develop close relationships with everyone concerned. For example, one family were being supported around a financial situation. Families were invited to multi-disciplinary meetings where specific issues around people's specialised care were discussed. This created an environment where everyone involved could work out the best way to support the person consistently. One person had been supported with depression and this had significantly improved and another person was now using only low doses of medication following joint care and support with their specialist health professional.

The providers did not tolerate any form of discrimination. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity. Staff training covered these principles. A recent staff meeting showed this was a topic for discussion.

The service had a robust complaints procedure which was produced in a user friendly format called 'Speaking Out' with 'We listen to you' on the front. The service had received very few complaints over the years. Information clearly documented and included any action taken. People living in the service told us they knew how to make a complaint and knew where the easy read information was showing pictures of who to go to. The registered manager always logged any smaller vocal 'grumbles' to ensure people were heard and any patterns identified. Staff told us they would also raise any changes in behaviour or any concerns that a person may not be happy to the management team and people were formally asked using pictures each day. If families rang the service, staff ensured the person they were ringing was informed and able to speak to their relative rather than staff divulging information.

Compliments had been received from a variety of sources. Comments in the recent health professional

satisfaction survey had included, "Top quality" and "I think [person's name] is well supported and staff are receptive to advice" and staff had written how they felt very well supported. Supervision records thanked staff for their encouraging and calm approach in positively managing behaviours which could be challenging for staff. Another health professional had emailed the service to say, "[Staff member's name] is really fabulous with [person's name] and a very good support worker." A relative had said, following seeing a person be supported during a funeral, "[Support worker's name] provided much needed support and was clearly incredibly professional and it was their day off! They went out of their way to help them at a difficult time. I have never met a key worker who put themselves out that much (the relative worked with social services). A maintenance engineer had even commented in the visitors survey, "This seems to be one of the best kept homes I have visited."

Is the service well-led?

Our findings

People continued to receive care and support from a distinct, well-led service that remained outstanding. The registered manager with support from the provider had developed a culture that was enthusiastic, highly motivated and inclusive. The culture was enhanced by the provider and registered manager having positive visions and values. The provider, The Regard Partnership Limited ensured their values, vision and mission were known by everyone including people living at the service. They put people at the heart of everything they did. The values were compassionate care, excellence and hard work with the vision to provide excellent care and support, to continuously improve the quality of their services and to make people's lives better, every day. We saw that people were enabled to live a happy fulfilled life, to feel safe and cared for to the highest standards, enabled to try new opportunities and achieve goals they had not achieved for many years and to reach their full potential. Staff also received training in these values and were totally committed to them from their induction onwards. They said, "We are very lucky to have such a great team and I feel very much appreciated in my role here."

These visions and values were observed throughout the inspection and have been reflected within this report. We observed that staffs' attitudes and behaviours reflected this commitment in all the work they did on a daily basis. For example, promoting the Regard mission of a full life that makes sense to the individual, choice and control, opportunity and friendship. People's daily experiences were positive with the positive focus re-enforced in daily life and based around what they wanted to do and or achieve with excellent examples of success and improved lives throughout this report.

Staff spoke to the individuals and their relatives with respect, appreciating the diversity of their conditions and circumstances. The Regard mission included that they wanted staff to experience, 'a positive, inclusive working environment where diversity is celebrated'. Staff were observed laughing and having fun with the people they supported and there was an atmosphere of equality and fairness amongst all. Staff told us the importance of professional boundaries which they understood, for example being careful about how they shared their lives with people and observing appropriate 'touch' boundaries that could confuse people. People were encouraged to understand and learn about each other, for example work together regularly to produce family meals and complete personal profiles in easy read format along with staff for the home notice board.

The registered manager told us the visions and values could only be achieved by working as a close team with respect alongside the staff and people. This meant involving people in all aspects of the running of the service and supporting staff and people to be confident to raise issues and suggestions for improvement. People and staff were very complimentary about the registered manager. They contacted us after our visit, commenting, "Our manager is very supportive and easy to talk to. Whether we have problems at work or in our private lives she is grateful for what we do on a daily basis. She acts on problems as soon as something happens and is a great manager and a great friend" and "The manager is fantastic at her job. She is very supporting and very approachable and easy to talk to if you have any problems. She works hard and keeps us all up to date with training and supports each of the staff with our job role. I have been with the company for almost three years and I've enjoyed every day working at Douglas." Other support workers said, "She is

honest, empathetic and great at motivating her team, which I feel shines out in the work we do here and the care we provide. I would describe her as creative and inspiring. We are lucky to be so well led and inspired."

Staff had also nominated the registered manager for Regard Partnership Internal Awards for compassionate care and local council excellence in care awards stating, "[The registered manager] apart from being a fantastic manager, is also a very caring and compassionate person. When my [family member] was very ill, she gave me all the time I needed to take. She also let me change my shifts when needed and was such a great support to me. I will always, always remember the compassion and care she showed me at this very hard time." Also praising them as part of the manager of the year nomination for their forward thinking and real support for people such as enabling people living at the service to gain the skills to have successful volunteer work placements. There were also examples of the registered manager working as a strong advocate for people, such as securing additional funds to enhance their support.

All staff were involved, kept informed and up-to-date with new guidance so they were able to offer the best, most recent evidence based practice. Monthly staff meetings were held and areas that needed development, procedural changes and information regarding legislation were discussed.

The registered manager involvement was integral and explicit within the fulfilment of the staff rota and the delivery of high quality care for people living in the service. The registered manager and senior support worker were rostered in to work as part of the frontline team for most of their contracted time, working side by side with care staff, allowing their experience and knowledge to guide the team, being easily approachable role models. A staff member said, "Douglas house is a well run residential setting, with staff and manager being a delight to work with and always there to help and support." Necessary time was allocated, and protected, for crucial networking, administration and paperwork, training and development in order to keep knowledge "current" and relevant.

The registered manager was involved in the full operation of the home, from the direct delivery of personal care, daily routines and supporting community activities, through to monitoring and reviewing placements. The registered manager had a very 'hands on', active approach and presence within the service, with people who lived at the home, relatives, the local public and staff. For example, in fostering good, positive relationships with the police and people living at the service.

The registered manager and provider were committed to adopting a person-centred culture, with a strong emphasis on constant improvement and adherence to best practice. They said that care in the past had been about managing people's behaviours rather than finding ways to gently promote a more positive behaviour by understanding people better. This was clearly seen in the improvements in people's quality of life at the home with each person showing growth and progression.

There was a strong emphasis on teamwork amongst all the staff and everyone was respectful towards each other and played a vital part within their individual roles and responsibilities of running the service. All staff were highly thought of by the provider, registered manager, relatives and professionals. Staff told us they were very happy working in the service. They felt included in decision making and improving the service and were regularly praised for their efforts and positively supported following incidents with de-brief opportunities. One staff member had also been awarded a local council special recognition award for excellence in care. Staff were also nominated for various awards such as 'Devotion to Care'. Effective mentoring, supervision and support from the management team had developed a strong and stable staff team who were confident in working with people with complex care, support and behavioural needs. For example, there were clear staff support programmes such as health and wellbeing champions and employee benefits. Two staff had registered as 'Proud to Care ambassadors, a national campaign to talk

positively and promote and encourage people to go into a career in health and social care. The provider's strategic priority as stated in the PIR was also "to attract great people to join, stay and progress, recognising and valuing individual and team effort."

The registered manager was experienced and had worked in the service for some time, achieving the previous outstanding rating. They had used their experience to speak at conferences and share outstanding values with other services. They worked closely alongside people most days therefore knew the service and the individuals who lived there extremely well. They had celebrated their previous outstanding rating with people living at the service as well as discussing CQC and the standards that were expected with people and staff. They were totally committed to providing person-centred care to individuals and were supported by a committed, experienced and knowledgeable staff team who they also knew very well. Our observations showed people knew the registered manager and were confident to spend time with them during the inspection. The internal audit from the provider stated, "Excellent leadership. [Registered manager's name] understands what needs to be done and is going 'over and above' to achieve the very best for the service." People living at the service were again fully involved and had helped with the audit and were thanked in the report.

It was evident throughout the inspection that people benefited from receiving a service that was continually seeking to provide the best care and support possible and that people were at the centre of. The provider and registered manager demonstrated effective leadership skills within their roles. Their enthusiasm, commitment and knowledge of the people in their care and the service as well as all the staff team was evident. It was paramount to ensure a high quality service was provided, that staff were well supported and managed and that the service was promoted in the best possible light. Good leadership was promoted by the provider with management conferences to inspire leaders, stating, "Great leaders don't set out to be a leader...they set out to make a difference." And "Somebody's world has become a little better because you are in it." A talk described how the provider, Regard was based on love...and this was seen throughout the inspection.

The service continued to work extremely closely with community professionals to ensure people received the best possible care. The provider and registered manager understood the importance of working within a multidisciplinary team that focused on person-centred care. They had built strong relationships with the local authority and health service partners.

People looked comfortable and confident in their own home and in the company of the registered manager and staff. The atmosphere was relaxed, busy but happy and fun with people talking with staff about their goals and looking for future opportunities. It was evident that everyone had committed to maintaining a caring, responsive service that met the needs of people with complex needs. Staff knew what people had been doing lately and asked how activities and trips had gone, which people enjoyed talking about.

The registered manager continued to keep up to date with their own professional development. They worked in partnership with other organisations to promote good practice and promoted and attended local provider forums. One person had written about the registered manager, "[Registered manager's name] is very friendly and supports me to do the things I want to do and ensures we have a good Christmas. She is very fair and gives us many opportunities in and out of the house. I enjoy going to town for a drink with them."

Staff were very involved in providing information to both people and families, sharing updates on each other as well as showing families how much people had grown and developed since moving into the service. The 'Douglas House achievements folder' was regularly updated with people's involvement and used as a tool to

show visitors what they had been doing. People attended training in a variety of relevant topics and showed us their certificates, such as for fire safety, oral health care and first aid.

Staff completed 'Staff Satisfaction' surveys which allowed for the identification of areas of weaknesses and strengths within the running of the company. Staff told us they felt they and their opinions were valued and they would not hesitate to discuss any good or poor practice issues they had identified. For example, they had been able to discuss some concerns about a new staff member who no longer worked at the home, identifying values that were not in line with their and the provider's positive values. They said the provider and registered manager welcomed their comments and ideas and acted upon them when appropriate. These meetings provided an forum to enable staff to find creative solutions to issues and could lead to innovative problem solving. Staff were encouraged to meet together without a manager present to enable them to support each other and strengthen their staff team mentorship programme.

Exceptionally good governance of the service by both the provider and registered manager benefitted people who lived there because it ensured the quality of care was maintained and enhanced. The registered manager felt strongly supported by the provider and effective governance of the service was visible with the registered manager involved in the development of the home on a daily basis. The Regard Partnership Limited staff paperwork included the line 'We are here to support you on your Regard journey' and this was the case.

Regular audits were carried out including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. These were well organised and easily accessible. There was a live computer system which was kept up to date so the provider could see how the service was doing at any time. Action plans were developed with any improvements/changes that were required. Quality monitoring reports demonstrated a good quality assurance process and reflected interactive engagement with people, relatives and staff. Recommendations and feedback was documented and followed up by the registered manager and staff team. For example, the recent provider quality monitoring report had identified that two staff were slightly overdue for a training session. Training had immediately been booked and the provider informed.

People's records remained of excellent quality; they were totally person-centred, fully included the people they were about, and were detailed and reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences and choices and people knew exactly what was written about them.

The registered manager understood when statutory notifications had to be sent to the Care Quality Commission (CQC) and they were sent, when necessary, in the required timescales. The registered manager was very knowledgeable about new and existing relevant legislation, for example, the accessible information standard and the duty of candour.