Autism East Midlands

Lynton House

Inspection report

Sutherland Road
Nottingham
Nottinghamshire
NG3 7AP

Tel: 01159764652
Website: www.autismeastmidlands.org.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an announced inspection of the service on 23 August 2018. Lynton 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. This service supports people who have a learning disability.

Lynton House accommodates up to three people in one building and an annex. During our inspection there were two people living at the home. This is the service's first inspection under its current registration.

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.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were protected from avoidable harm by staff. People had detailed risk assessments that were designed to support people to lead active lives, without unnecessary restrictions, whilst keeping them safe. People had enough staff in place to support them in the home and when accessing their local community. People's medicines were managed safely and staff followed procedures to protect people from the risk of the spread of infection. Processes were in place to ensure if accidents or incidents occurred, they were investigated and preventative measures put in place to minimise the risk of recurrence.

People's physical, mental health and social needs were assessed and met in line with current legislation and best practice guidelines. Staff received extensive training and had their performance regularly assessed to ensure people continued to receive effective care and support. People were encouraged to choose their own meals and drinks, with support offered with choosing healthy options. The registered manager had built effective relationships with external health and social care organisations and people's health was regularly monitored. The home environment was well maintained and suitable for the people living at the home. 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 support this practice.

People and staff had built positive relationships, with staff treating people with dignity and respect. People's right to privacy was respected and people were encouraged to lead independent lives wherever possible. This included contributing to domestic tasks around the home. People were supported to make decisions about their care and support needs and access to advocates was made available if people needed further support. People's diverse needs were taken into account when care and support was planned for them.

There were no restrictions on people's friends or relatives visiting them. People's records were handled appropriately and in line with the Data Protection Act.

People's support planning was person centred and had a clear focus on achieving the best possible outcomes. People were able to lead active lives and were encouraged to develop their social skills. People were supported to embrace their cultural background. Information was provided for people in an accessible way. Transition arrangements for people joining the home were effective and well planned to give people the support they needed when moving to their new home. No formal complaints had been received, but processes were in place to ensure they would be responded to in line with the provider's complaints policy. End of life care was not currently provided; however, efforts had been made to support people with making informed choices.

The registered manager was liked by staff and the people living at the home. They spoke enthusiastically about the people living at the home and helping them to lead fulfilling lives. People were encouraged to give their views about their care and how the home could develop and improve. Staff felt valued and liked working at the home. Quality assurance processes were effective in identifying areas for improvement and monitoring performance. The registered manager was supported by the provider to carry out their role effectively, with their performance also being monitored.

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 was safe.

People were protected from avoidable harm. Risks associated with people's care were assessed and acted on. There were enough staff to support people. People's medicines were managed safely. Staff protected people from the risk of the spread of infection. Processes were in place that enabled learning from mistakes to take place.

Is the service effective?

Good

The service was effective.

People's physical, mental health and social needs were assessed and met in line with current legislation and best practice guidelines. Staff received the training and support needed to carry out their role effectively. Staff supported people with making healthy food choices. The registered manager worked with other external health and social care organisations to ensure people received the care they needed. The home was well maintained and suited people's needs. People's right to make choices about their care was respected.

Is the service caring?

Good

The service was caring.

People and staff had formed positive relationships. Staff were kind and caring and treated people with dignity and respect. People were encouraged to contribute to decisions about their care. People's diverse needs were respected. People's family and friends were able to visit them without restriction. Independence was encouraged. People's records were handled appropriately and in line with the Data Protection Act.

Is the service responsive?

Good

The service was responsive.

People received care that was person centred and focused on achieving positive outcomes. People were able to lead active

lives. People were supported to lead their lives in line with their cultural preferences. Processes were in place to respond to formal complaints. People were supported to make decisions about end of life care planning.

Is the service well-led?

Good

The service was well led.

The registered manager carried out their role effectively and was liked by people and staff. Staff felt valued and were keen to develop their roles. People's views about how the service could develop were welcomed and acted on. The provider continually sought ways to develop the service. Robust quality assurance processes were in place that ensured people continued to receive good quality care and support.

Lynton House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 23 August 2018 and was announced. We gave the service 24 hours' notice of the inspection site visit. We gave this notice because, due to the size of the service, we wanted to be sure the registered manager would be available. We also wanted to cause minimal disruption to the people living at the home. The inspection was carried out by one inspector.

Before the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the home, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted city council commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

During the inspection, we spoke with the two people living at the home. One of these was able to communicate their views verbally, whilst the other used verbal and non-verbal methods to tell us their views. We spoke with one member of the support staff, the deputy manager, the registered manager and the assistant director.

We looked at records relating to both people who used the service, as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for support staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

Both of the people we spoke with told us they felt safe at the home. One person said, "Staff are nice to me, they help me feel safe." The other person smiled and nodded when we asked them if staff made them feel safe.

The staff member we spoke with understood how to ensure people were protected from avoidable harm. They said, "If I had any concerns at all, I'd report it to my manager and to you guys (CQC) if I thought it was really serious." Records showed staff had received safeguarding adults training. The registered manager had a good understanding of their responsibilities to ensure relevant authorities such as the CQC and the local authority safeguarding team were made aware of incidents that could affect people's safety. Records showed notifications and referrals had been made when needed. This helped to reduce the risk of people facing abuse or neglect.

Detailed risk assessments were in place that assessed each person's ability to carry out day-to-day tasks for themselves. Where it had been deemed that support from staff was needed, risk assessments were in place to help staff to identify and reduce the impact of any hazards that could affect people's safety. This included the support people needed with accessing the community and managing their own medicines. We noted from the records we looked at that staff ensured people were able to lead their lives as freely as possible, with as little restriction as possible to maintain their safety. All risk assessments were reviewed to ensure people's changing needs were identified and acted on before they affected their safety and well-being.

Although the home had recently been renovated and adapted to support people with living safe and independent lives, regular assessments of the home were carried out to ensure it remained safe. Regular maintenance was undertaken that ensured where improvements to the layout or décor of the home were needed; this would be done in a timely manner, with minimal disruption for people. Regular servicing of gas installations and fire prevention equipment were carried out. This helped staff to support people in a safe environment.

People were supported by an appropriate number of staff who had commenced their role following the completion of robust recruitment procedures. In each of the three staff files that we looked at, we saw a variety of checks had been completed to ensure each staff member was suitable for their role. These checks included, references, evidence of identification and a criminal record check. No staff commenced work until these checks were completed. This meant people were protected from the risk of unsuitable staff.

We checked both people's daily records to establish whether the required number of staff needed to support them were in place. Records confirmed they were. A person who lived at them home told us, "They [staff] are here when I need them." Our observations confirmed this.

The registered manager told us people received support from a consistent team of staff. They told us this had seen a big decrease in the number of incidents or presentations of behaviours that may challenge others. The two people living at the home had detailed support plans in place that helped staff to identify

the things that could lead to behaviours that may challenge. They also advised staff how to support each person calmly and safely if they occurred. These records were comprehensively completed and the staff member we spoke with could explain how they would support both people if an incident occurred. This meant processes were in place to protect people and staff.

People received their prescribed medicines when they needed them. Risk assessments had been carried out to determine people's ability to manage their own medicines. Both of the people living at the home required assistance with their medicines. People's medicines were stored safely in their bedrooms and could not be accessed by unauthorised personnel. The registered manager told us by storing the medicines in people's bedrooms this gave people privacy, but also enabled people to become more involved with the administration of their own medicines. They told us self-administration was the long-term aim for one of the people living at the home and the current storage process was a key element for this progression.

We checked the stock of medicines for both people. We found they had the correct amount of medicines in place. Their medicine administration records (MARs) had been appropriately completed showing when people had taken their medicines. Records showed people received their medicines when they needed them. People's allergies and preferences for how they would like to receive their medicines were also included on the records. These processes contributed to the safe management of people's medicines at the home.

Where people needed medicines on an 'as needed' basis, protocols for their safe administration were in place. This included medicines that could alter a person's behaviour. We noted detailed support plans were in place for staff, which offered alternative methods of support to be attempted before finally giving these types of medicines. Authorisation was always requested from senior members of staff before administering these medicines. This reduced the risk of inconsistent administration, which could affect people's health.

Although we did not observe staff administer medicines during the inspection, the staff we spoke with could explain confidently how they did so safely. Records showed staff received reviews of their competency to administer medicines and where areas for improvement were needed, support was provided. This ensured people's medicines continued to be managed safely.

People lived in an environment that was clean and tidy. One person said, "I like it to be tidy." We saw food was prepared and stored safely. Staff had received infection control training and had access to personal protective equipment. Staff were responsible for the cleaning of the home although participation from the people living there was encouraged. We noted there were clear guidelines for what required cleaning and when. Regular infection control audits were conducted to enable the registered manager to identify any potential infection risk. This contributed to people living in a safe, clean and hygienic environment.

The registered manager ensured that processes were in place to investigate and act on any accidents or incidents that occurred at the home. Where amendments to support planning or risk assessments were needed, these were addressed quickly to reduce the risk to people's safety. There was regular input from the provider to discuss any themes or trends and what action could be taken to address them. This meant people's on-going safety was reviewed, to reduce the impact on them or others.

Good

Is the service effective?

Our findings

The registered manager had ensured people's on-going physical, mental health and social care needs were assessed and provided in line with current legislation and best practice guidelines. Where people had specific health conditions that required the support of staff to help to manage them effectively, specific guidance was in place to support staff. For example, guidance was provided from the Epilepsy Society on how to support people safely if they had an epileptic seizure. Guidance provided from this source and others, for other conditions, helped the registered manager to formulate individualised support plans for people. This helped to ensure that people received the care and support they needed from staff to help manage their varying health conditions effectively.

A person who lived at the service told us staff knew how to support them. The registered manager had ensured all staff completed their induction as well as an in-depth training programme. Staff were also encouraged to complete professionally recognised qualifications, such as diplomas in adult social care and the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Staff received regular supervision of their role and the outcome of these were used to develop and improve performance. The staff member we spoke with told us they had received all the support they needed to carry out their role effectively.

People were supported to maintain a healthy and balanced diet. Where people were at risk of consuming food or drink that could cause long term harm to their health, support plans had been formed to manage this risk. Food and drink consumption was monitored and records showed people were encouraged, wherever possible, to make healthy food choices, without unnecessarily restricting people's right to make their own choice. For example, one of the people living at the home liked crisps and would eat them throughout the day if they were able to. An assessment of their ability to understand the risks associated with this had been carried out and it was determined they did not. Therefore, a plan was put in place where they had access to crisps but also with fruit and healthier options. We observed the person talking with staff about their packed lunch for the day and they understood when they could and could not have crisps. The staff member said, "It's not about stopping them having what they want, it's about supporting them to understanding the risks of having too much of what you want. The plan we have works well."

People received support with buying their own food. One person in particular liked to work with staff to prepare their own food. We noted there was a plentiful supply of food with fresh fruit, vegetable and snacks available. People were fully involved with choosing the meals they wanted to eat. One person had been supported to access foods that were important to them because of their cultural background. They had been supported to access a local supermarket that specialised in supplying food relevant to the person's background. This meant the person's cultural background had been taken into account and respected when supporting the person with their meals.

Records showed positive relationships had been formed with local health and social care agencies to ensure together, people were provided with the care, support and treatment they needed to lead fulfilling lives. A

'Hospital Traffic Light' assessment was in place for each person. This contained easily transferrable information about each person; detailing amongst other things, their health conditions, their communication needs and their personal preferences. This ensured that when people required a visit to their hospital or other health or social care service, they had clear and up to date information that would enable those services to provide people with the care and support they needed quickly. Health action plans were also in place that were comprehensively completed and showed staff monitored people's changing health needs. People had regular access to their GP, dentist and other day to day health care agencies that contributed to them leading healthy and fulfilling lives.

Each person living at the home had their own flat and personal space as well as having the option to use communal areas with other people, if they wished. Each flat was well maintained, had modern amenities and provided people with the space to lead their own lives. The communal areas within the home were welcoming and again provided people with everything they needed to carry out their lives. We did note that one flat on the first floor did not have window restrictors in place. We spoke with the registered manager about this and they said they would discuss this with the person and if they determined they were needed then they would put them in place. They assured us that the person had never displayed any behaviours that could place them at risk of fully opened windows, but acknowledged there was risk involved and this would be addressed. The home had also been adapted to support people with a physical disability. Access to the back of the home could be made via a ramp for wheelchair access if needed and bathrooms had been adapted to support independence when people were supported with personal care. There was an on-going plan for improvement and development of the home, to ensure people continued to live in a safe and welcoming environment.

Each person living at the home had varying levels of ability to consent to decisions about their care. However, when we observed staff interacting with them, they always asked for their views and opinions and wherever possible, acted on them. A person living at the home said, "They listen to me." A staff member said, "I always ask if they are happy with what I am doing. I'd never do anything to upset them."

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

Records showed a variety of mental capacity assessments had been completed where staff had concerns that people did not understand the decision that was being made about their care. This included decisions relating to the management of people's medicines, their personal care, food and drink choices and their ability to maintain their safety when out in the community. Best interest documentation was in place when a particular decision had been made for people. This documentation is important, as the views of the people who have contributed to the decision, normally the person's relative or appointee, are recorded, to ensure that as wide a range of views are considered before a final decision is made. This ensured people's rights were respected and the principles of the MCA considered and adhered to when decisions were made.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager made DoLS applications where necessary and authorisations were stored in each person's support records along with a support plan in relation to DoLS. The registered manager told us

there were no conditions stated on any of the DoLS that had been granted and we found this to be the case in the DoLS we reviewed. This meant no unnecessary restrictions were placed on people and their rights were protected.

Good

Is the service caring?

Our findings

People told us they liked the staff and enjoyed their company. One person said, "I like them." Another person nodded, smiled and then stroked the arm of the staff member who was supporting them, which indicated a warm and caring relationship between the two of them.

Our observations throughout the inspection showed that all levels of staff from support staff to the registered manager and assistant director had an in-depth understanding of the needs of each person and used this to form positive relationships with them. There was warmth in the home with a calming atmosphere and it was clear that all staff, at all levels, had people's best interests at heart. People responded positively to the staff because they were treated as equals.

People's views about their care and support needs were encouraged and acted on. Positive behavioural support plans were in place with the aim to develop people's personal interests, their social understanding and their ability to express their wishes and make their choices known. People's records showed a variety of methods had been used to support people communicating their wishes. One person had limited ability to communicate their wishes verbally, so alternative methods were used to ensure their views could be gained. Photos, pictures, signs and symbols were used effectively to explain things to this person and to gain their views. The person's records showed they had contributed to decisions about food choices through being shown a wide variety of pictures of food to empower them to make informed decisions. Staff member's keys contained a variety of small picture cards, which again were used to aid communication with the person. We noted staff understood what each person was saying when they used non-verbal communication methods and body language. This helped to ensure people were fully included in decisions about their own care and support needs without the risk of discrimination.

People's cultural and religious wishes had been identified and acted on where needed. People were supported to celebrate religious festivities that were important to them. People's cultural background was also taken into account when supporting people with encouragement offered to lead their lives in their preferred way. A staff member said, "We work hard to ensure that people's personal choices and preferences are respected."

We observed a person taking a full and active role in daily living tasks at their home. They dried and put away pots, kept their own flat clean and tidy and were supported to do their own laundry. The person's records showed that carrying out these tasks was very important to them and staff fully supported them with it. A staff member said, "They know what they want to do each day, they like things clean and tidy and we support them with this." The other person living at the home was also supported with developing their independence and was actively encouraged to do as much for themselves as possible. This ensured people's independence was encouraged wherever possible, contributing to the continued development of their ability to perform daily living tasks.

People's relatives were encouraged to meet with staff regularly to discuss the continued care and support needs of the people living at the home. We saw one person had regular support from their family to make

decisions. Where families were less involved, the registered manager had ensured that the person had access to and received support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them, at times when important decisions are being made about their health or social care.

There was a respectful and dignified approach to supporting both people living at the home. Both people had significantly different needs and staff adapted their approach when supporting them. Both were treated with respect and dignity at all times. When staff discussed people's needs, they lowered their voices to ensure others could not hear the discussion. This ensured people's privacy was maintained. When people wanted time alone, staff respected their wishes. The registered manager told us they were particularly proud of the fact that one of the people, who used to spend a lot of time on their own, now interacted more in the communal areas. They told us this had helped to improve the person's social skills. We observed this person in the communal areas and it was clear they enjoyed their time spent with others.

People's care records were stored safely, ensuring the information within them was treated confidentially. Records were locked away from communal areas to prevent unauthorised personnel from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the Data Protection Act.

There were no restrictions on people's family and friends visiting them.

Good

Is the service responsive?

Our findings

Comprehensive transition arrangements were in place to ensure that people coming to live at the home were comfortable with their new surroundings and the people they would be living with. Detailed pre-admission assessments were completed to satisfy the registered manager that people's needs could and would be met at the home. People were encouraged to see their new bedrooms/flats, to meet with staff and spend time with the people living at the home. This was designed to ensure the transition to the home went as smoothly as possible. People's flats were then personalised to ensure that people had the things that were important to them, helping them to adapt to their new surroundings. We were told during the inspection that a third person might be coming to live at the home soon. Plans were in place to ensure that if this did happen, the impact on the person and the people they would be living with was minimal.

Providing people with person centred care and support was a key aim of this provider. People's records contained detailed person centred care planning documents, which clearly showed people's preferred way of being supported. Documents such as 'My perfect day' and
'Activities I like and don't like' were completed and reviewed to ensure people continued to receive care and support in their preferred way. We also noted staff had responded to a person's request to change their shower routine by using photos and pictures to explain to them how this would be done. The registered manager told us this had been a success and the person had settled into their new routine well.

People's goals and aspirations had been documented and progress in achieving these had been recorded. Staff rotas were regularly amended to enable people to have regular access to their chosen activities, with staff who understood how to support them and to keep them safe. This meant people were supported to lead their lives in the way they wanted to.

We noted in both people's records that extensive work had been done with both of them, to support them with leading their lives to the full, in the way they wanted. Opportunities for voluntary work for one person were being explored and both people were fully supported to lead active lives. They attended local groups designed to offer opportunities for people with a learning disability to develop their social skills. Along with this, both people took part in a wide range of preferred activities, with their records showing they led busy lives. Both people took an active role in making decisions about activities within the home. For example, they planned the home's summer BBQ together, choosing the food, drink and the guest list. This approach ensured people were supported to do the things that were important to them.

Alongside these activities, work had also been carried out to support people with leading their lives in line with their cultural backgrounds. For example, one person was from a Polish background and staff worked with the person extensively to determine their favourite foods, accessing local shops and activities and to take part in locally organised events. The person was reluctant to engage with this at first, but with gentle support from staff, they are now engaged with their local Polish community attending groups, activities and events. Staff told us this had had a significantly positive effect on the person's life, by improving their social skills and helping them to feel confident to embrace their cultural background.

The provider ensured people living with a learning disability had access to relevant information about their care and support needs. The registered manager was aware of the Accessible Information Standard, which ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. A wide variety of easy documentation was in place. We also saw a document was in place that explained to people why the CQC was inspecting the service and what they could expect when the inspection took place. This meant people were fully prepared for our visit and put them at ease during the inspection.

The registered manager had processes in place to respond to and act on formal complaints. At the time of the inspection none had been received. People were informed of the process for making a complaint via an easy read complaints process.

Plans were in place that ensured people's rights and wishes were respected at the end of their life. Whilst no-one was currently receiving end of life care at the home, planning had begun to discuss people's needs with them and/or their relatives, should they require this support. Relatives had been invited to meet with staff to support their family member with making decisions in relation to this area of care. Easy read documentation and support planning was in place to enable each person to have meaningful input into the discussions and to help them understand the support that was available for them. The registered manager and assistant director told us they were addressing this issue carefully and sensitively with each person so as not to cause them unnecessary distress, but also to ensure their rights were respected.

Good

Is the service well-led?

Our findings

People told us they enjoyed living at the home. One person said, "It's nice here." The other person smiled when we asked them if they liked living there. The staff member we spoke with told us they felt valued by the registered manager and supported by the provider to carry out their role effectively, but also to develop their skills.
People were able to contribute to the development and continued improvement at the home. Records showed people's views were regular requested. This enabled the registered manager to continually assess whether the support provided for people was effective and had a positive impact on their lives. An annual survey was due to be sent out to relatives to gain their views on the quality of the service provided.

A whistleblowing policy was in place, which gave staff the guidance needed to report poor practice. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The registered manager played an active role at the home and was liked by staff and the people living at the home. The registered manager also managed another home within the provider group. This home was over the road from Lynton House and the two homes worked together to provide people from both homes with the support they needed. People from both homes socialised together and the registered manager told us that helped social inclusion and helped people to develop friendships. The registered manager told us they were comfortable with managing both services as the staff and the people from these homes did so much together that it seemed like "one home". The assistant director told us they would continue to monitor the effectiveness of one registered manager for two homes, but they were confident that the already successful relationship between the two homes would continue to flourish.

The registered manager had a good understanding of their role and responsibilities and this included ensuring the CQC and other agencies, such as the county council safeguarding team were notified of all events that could affect the running of the home and people's safety.

The registered manager told us they had the full support of the provider with regular access to their assistant director should they need any advice or guidance. The registered manager met regularly with other managers from within the provider's group of services where best practice, new ideas and lessons learned were discussed to aid further development and improvement. Staff performance was monitored with regular assessments completed by the registered manager and staff to ensure the high standards expected of them were continually achieved. Any drops in standards were addressed quickly, with disciplinary action taken against staff where needed. This ensured staff continued to work effectively and in line with the provider's aims and values, contributing to people continuing to receive high quality care and support.

Quality assurance systems were in place to help drive improvement at the home. The registered manager was required to provide regular updates to the provider to enable them to be held to account. Regular meetings were held with the provider to ensure the registered manager's performance was monitored.

The registered manager had an open and transparent approach when working alongside other health and social care agencies. Records showed other agencies had been fully involved with decisions relating to people's care and support needs. This ensured staff were equipped to support people, in line with other health and social care agencies recommendations and guidance.