National Autistic Society (The)

# Hoylands House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This was an unannounced inspection which took place on 23 and 31 October 2018. At the last inspection in December 2015 the service was rated 'outstanding'. At this inspection we found the provider was achieving a 'good standard' rating.

Hoylands House is a 'care home' for adults with autism and additional learning disabilities or other complex needs. 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.

People living at the home had their own bedroom and en-suite bathroom. The home has communal lounges, a dining room, a sensory room and other multi-purpose rooms for art therapy and other activities. There is also a shop and activity centre on site. The care home can accommodate up to eight people and at the time of our visit seven people lived at Hoylands House. One bed was used for regular respite care.

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.

The provider ensures the service operates 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 are helped to live as ordinary a life as any citizen.

Staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

Relatives told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. Appropriate referrals were being made to the safeguarding team when this had been necessary.

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 were supported to maintain good health. This included access to healthcare professionals, and support with medicines. Medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. We saw when people indicated they wanted drinks or food; staff made this available. Relatives told us there was a good choice of meals and said the food was very good. They told us an ample supply of drinks and snacks were made available for people.

The service had made extensive efforts to integrate the service within the local community. Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome and could have a meal at the home if they wished.

The service met the requirements of the Deprivation of Liberty Safeguards (DoLS) and was acting within the legal framework of the Mental Capacity Act (MCA).

We have made a recommendation to the service about the reviews of best interest decisions.

There was a comprehensive complaints policy and this was available to everyone who received a service including relatives and visitors. The procedure was on display in the service where everyone was able to access it.

Relatives and staff spoke highly of the registered manager who they said was approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified, action had been taken to make improvements.

There were appropriate governance systems in place to ensure quality of care was monitored and improved. The service engaged positively with people using the service and relatives spoken with felt they were listened to and their contributions were valued.

## 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.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed and to keep the home clean.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and kept under review.

### Is the service effective?

Good

The service was effective.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met. However, best interest decisions were not kept up to date.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

People were supported to access health care services to meet their individual needs.

### Is the service caring?

Good

The service was caring.

Relatives told us they liked the staff and found them attentive and kind. We saw staff treated people with kindness and patience and knew people well.

People looked well cared for and their privacy and dignity was respected and maintained.

### Is the service responsive?

Good

The service was responsive.

People's care records were easy to follow, up to date and being

reviewed every month.

There were activities on offer to keep people occupied.

A complaints procedure was in place and relatives told us they felt able to raise any concerns.

## Is the service well-led?

Good

The service was well-led.

A registered manager was in place who provided effective leadership and management of the home.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service. However, the audit system had not identified the Best interest decision needed to be updated.

# Hoylands 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 inspection took place on 23 and 31 October 2018 and was carried out by two adult social care inspectors. The inspection was unannounced.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. 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 carried out observations of practise which included interactions between staff and people who used the service. We used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included three people's care records, three staff recruitment files and records relating to the management of the service.

We spoke with one relative visiting at the time of inspection, two relatives by phone and three sent us information by email. We spoke with the registered manager and deputy manager, four support workers and the senior enterprise worker about the activities taking place in the shop run by the service.

Good

# Is the service safe?

## Our findings

The interactions we observed between staff and people were inclusive. We saw staff used appropriate methods to ensure people were safe when they were supporting them. For example, giving direction to people so that they went back to their bedrooms so personal care could be given.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. We asked staff about what measures were in place to protect people from abuse in the home and they were able to tell us about signs of potential abuse and what they would do to report this. One staff member told us she would not hesitate in reporting anything which involved bad practice.

Staff had completed safeguarding training. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

People were protected from any financial abuse. The registered manager held some money for safekeeping on behalf of people who used the service. Records of monies held were kept and receipts for any purchases made were obtained. One relative told us "Any pocket money is carefully recorded by the staff and both sides sign for it. We feel confident that staff record all expenditure well and use the funds with [name of person] appropriately. If we ask we are given a full itemised list of expenditures."

People's care files we looked at showed the actions taken to minimise any risks to people who used the service. Each person had assessments about any risk that were pertinent to their needs and these had been reviewed regularly.

We saw risk assessments had been developed where people displayed behaviour that challenged others. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights. These plans were reviewed regularly and where people's behaviour changed in any significant way we saw referrals had been made for professional assessment in a timely way. We saw the service used the behavioural therapist when required to ensure risks were managed appropriately. Mental health consultants also gave advice and amended medication to assist people with their behaviours and anxieties.

The provider had completed thorough background checks as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings. References from previous employers were also sought with regard to their work conduct and character and these were evidenced in staff files. A staff member confirmed that the recruitment process had been in-depth. We checked three staff files and they contained the required employment checks.

During our inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. Staffing was determined by people's needs. Staffing ratios were one staff to each person who

used the service. Some people required additional staff support when they were out in the community or taking part in social activities. Staff we spoke with told us there was always enough staff to ensure people were safe and could take part in activities of their choice. Staff told us they were able to take time out if working with a person became too intense. We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way.

Medicines were stored, managed and administered safely. We saw medicines were stored in a locked room, trolleys, cabinets or fridges. The senior care workers took responsibility for administering medicines and we saw them doing this with patience and kindness. They explained to people what their medicines were for and stayed with them until the medicines had been taken. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed.

Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. Some people were prescribed medicines, which had to be taken at a time in relation to food. We saw there were suitable arrangements in place to make this happen. One person's family told us; "Staff had identified where medication was ineffective and worked with us and professionals to ensure this was reviewed to promote their well-being."

A relative told us; "Medication routines are followed carefully by nominated and trained staff and we are informed of any issues; including any use of additional medicines which are prescribed to be taken 'as and when' where necessary."

There were emergency plans in place to ensure people's safety in the event of a fire. We saw there was a fire risk assessment and people had an emergency evacuation plan (PEEP) in place in their records and in the fire safety file. The PEEPs were specific to each person and gave staff and emergency services information they would need if the building had to be evacuated. For example, one person's PEEP said they could refuse to leave the building and gave instruction on how to deal with this situation.

The service was safe and well maintained. Systems were in place to check and ensure the safety of the premises and we saw certificates in relation to gas, electricity, water and fire safety.

Accidents and incidents were clearly recorded with evidence to show that lessons were learned and measures put in place to prevent incidents from reoccurring. For example, one person did not like to be near dogs. All staff were made aware of this so that outings in the community were planned to minimise the risk of encountering dogs that were not under close control of the owners.

Care plans contained details of sensory profiles. This means any of the senses which may be over or under-sensitive; or both, at different times were well recorded. Sensory differences can affect behaviour as well as have a profound effect on a person's life. For example, one person did not like a lot of noise or being in crowded places which could trigger behaviours which could be challenging to others. Another person liked travelling in their car which often made them less anxious.

The premises were clean and there were no malodours anywhere throughout the building. Flooring and furniture was suitable for the people living at the service. This ensured they could be sufficiently cleaned to prevent cross infection. There was a champion identified in infection control whose role was to ensure best practice guidance was available and followed by staff ensuring staff knowledge was up to date.

Good

# Is the service effective?

## Our findings

The registered manager completed needs assessments before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be required.

Staff we spoke with understood the need to obtain consent from people before they provided care. Staff understood the requirements of the Mental Capacity Act 2005 (MCA). The 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the records were appropriately completed and they were relevant to the person's care and treatment. Everyone living at the service had authorised DoLS and we saw good records were kept. The records informed the registered manager when further applications needed to be made to ensure they acted within the legal framework for MCA and DoLS.

We checked people's files in relation to decision making for people who are unable to give consent. Documentation in people's records showed when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. However, we found a best interest decision was made for a person in 2013 and since that decision the service had received a request from that person's relative in 2015 asking for their cultural and religious needs to be taken into consideration. The service had not responded to the relatives' wishes which could mean their religious rights were not being respected.

We recommend that the service seek advice and guidance from a reputable source around when best interest decisions should be reviewed and action taken.

We spoke with staff about the support they received. They confirmed they had regular opportunities for formal supervision and had also attended staff meetings. They said they felt supported by the registered manager and deputy managers and felt their concerns were listened to. Staff also confirmed they were able to access training both face to face and on-line. One staff member we spoke with told us about how they were encouraged to reflect (reflective supervision) on incidents which had been difficult to manage. They said, "When I have experienced situations which have been difficult it is good to talk to my line manager to see if I could have done anything differently. For example, altercations with people and members of the public when out with people in the community."

The provider evidenced how they trained staff efficiently so that they were able to provide person centred care in line with 'Registering the right support' guidance. The registered manager advised staff undertook an

in-depth training programme which included health and safety, first aid, safeguarding adults, medication, moving and handling, infection control, equality and diversity and mental capacity. Training plans showed staff were up to date with all relevant training and gave the registered manager over-sight of when they were due for renewal. Staff informed us of additional training they had attended such as specialist Autism Awareness and 'Studio 111' which is training to manage challenging behaviour exhibited by people on the autism spectrum.

The registered provider had a comprehensive induction programme which took place over two weeks. Staff also shadowed experienced staff until they were deemed competent to work with people with complex needs. Staff were required to complete the 'Care Certificate', a nationally recognised set of standards that health and social care workers adhere to in their daily working life. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The staff we spoke with told us about the training they had received which was specific to the service provided. The training covered all aspects of supporting people with complex needs. It was clear from our observations that the training staff received was fully integrated into the way people were supported.

People had a good well-balanced diet with choices and people's individual needs were catered for, and their diet and weight monitored as necessary. Where people needed support with making choices and communicating their preferences, pictorial menus and objects were used to help people with this.

We saw menus offered variety and provided a well-balanced diet for people. We saw the menus were put together using feedback from people about what they liked and didn't like, as well as input from a dietician and a speech and language therapist. Where people did not communicate verbally, their plans also included plenty of relevant information about what they liked and did not like to eat and drink. This had been built up from what people had indicated they enjoyed; staff's observations of people's reactions to different food and drinks, and information from people's families. However, we found one family's request for their son to have certain meal preferences for religious reasons had not been taken into account.

People had a health action plan and hospital passport which ensured healthcare professionals understood their needs and behaviours. The plans also gave important information about family, friends, likes and dislikes.

The service provided specialist care for adults with autism and additional learning disabilities or other complex needs. We checked to confirm that the environment had been designed to promote people's wellbeing and ensure their safety. People's individual needs were met by the adaptation, design and decoration of the home. The home was well maintained and decorated and furnished in a style appropriate for the young people who used the service.

Each person had their own bedroom, which was individualised as they had brought in personal belongings that were important to them. Rooms we saw were personalised and contained items of importance in their lives. Where people did not have family or friends to help them to personalise their rooms, staff had helped them to make their rooms homely.

There were different lounges throughout the service, which meant people could either spend time with friends or be on their own if they wanted calm and quiet. People could move freely around the shared areas.

People's care records showed that their day to day health needs were being met. For example, one parent

said, "He is taken regularly to the dentist and has very good oral hygiene." People had access to their own GP and community psychiatric nurses where required. Records showed that people were supported to also access other specialist services such as opticians, chiropody and dental services.

Good

# Is the service caring?

## Our findings

At our last inspection this domain was rated outstanding. While we saw some examples of positive and caring practices during this inspection, we didn't see sufficiently strong evidence to demonstrate the provider had consistently ensured they continued to meet the exceptional and distinctive characteristics of an outstanding service.

Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring people received the best possible care in a homely and comfortable environment.

A relative told us "Our family member has now been there over two years. During that time the staff have looked after him really well. They are very good at planning his days and thinking of good opportunities and outings to keep him busy and give him interesting experiences. They look after his hygiene well and he is clearly following routines on keeping clean, toileting and shaving and his general appearance is very good. We are confident that our son's well- being is being looked after."

We observed many positive, caring and kind interactions between people and staff. Staff knew people well and were familiar with their routines and preferences and knowledgeable about the personalities of people they supported. Staff spoke about people with respect and affection.

The approach of staff was person centred and people were treated as individuals. We saw staff engaging with people in a meaningful way. People's dignity and privacy were respected. For example, we saw care workers sitting outside people's rooms when the person wanted some privacy while still maintaining their safety. Staff also knocked on doors before they entered and they asked people before providing support to them.

A relative told us; "The staff are really caring and look out for things our son might like or appropriate clothing that can be bought for him or he can go shopping to buy. Since our son is destroying his clothing and property at a fast rate right now their efforts in locating things and thoughtfulness are appreciated."

Some staff were 'champions' and in particular there were dignity champions. The registered manager told us the champions were role models and committed to taking action; however small, to create a home that has compassion and respect for people who lived there. Staff we spoke with told us it was important to ensure that all people who lived at Hoylands House were being treated with dignity. They explained it was a basic human right, not an option and that staff were at all times compassionate, person centred, efficient, and willing to try new things to achieve this.

Care files contained information about people's life histories, interests and hobbies. People looked relaxed and comfortable around staff. There was a calm, friendly atmosphere and we saw staff took time to sit and chat with people. We heard some good humoured shared between people who used the service and staff which resulted in laughter.

Staff we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them. However, our observations of care, review of records and discussion with the registered manager, staff and relatives showed us the service was not always pro-active in promoting people's religious rights. For example, we found one person's diet which has restrictions due to his religion had not been provided as this person should only have halal food. Due to this, we were not satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. However, to fully embed the principles of equality, diversity and human rights we recommend the service consults the CQC's public website and seeks further guidance from the online toolkit entitled 'Equally outstanding: Equality and human rights - good practice resource. This was discussed with the registered manager who confirmed they would address this matter.

Arrangements were in place for people to maintain contact with family and friends. One person told us about an upcoming visit to family. The service also understood the role of advocates. Advocates are individuals, independent from the service who help vulnerable people make important decisions about their lives. Information on how to access an advocate was available at the service.

Good

# Is the service responsive?

## Our findings

At our last inspection this domain was rated outstanding. At this inspection we found there was not enough evidence to reward this characteristics of an outstanding.

People's care and support needs were assessed prior to admission and subject to regular review by staff with the person's input. We saw care records were clear, easy to read and gave detailed information about people's individualised care and support needs. These contained good information about the person, their likes, dislikes, goals and triggers for challenging behaviours.

The staff we spoke with understood people's needs and preferences, so people had as much choice as possible. We saw staff interacted with people positively, inclusively and in line with their care plans. The atmosphere in the service on the day of our inspection was extremely pleasant as well as positive between staff and the people they supported.

Person-centred care is about ensuring the person is at the centre of everything you do with and for them. This means that you need to take account of their individual wishes and needs; their life circumstances and health choices. With the exception of one person's cultural needs, the care plans were extremely person centred. For example, they contained the things people liked to do which made them happy and triggers which indicated the person was sad or unwell.

Records for people were extremely detailed and tailored to them as individuals. Each person's care plan was specifically designed around their needs, goals and aspirations and reviewed regularly by the managers and support staff. People had in-depth support plans that included how the person may present if they are feeling anxious, things that can trigger behaviours and what helps them to be calm, relaxed and happy. There was also consideration of autism specific sensory triggers, early warning signs and early intervention strategies as well as how to support the person when they were considered to be at a crisis stage. Staff were extremely knowledgeable of the people's support needs which meant they could respond effectively if people became anxious.

The service was working under the principles of the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now law for the NHS and adult social care services to comply with AIS. The service ensured that any information people needed was available in easy-read or pictographic formats. At the time of our inspection, the service did not support anyone with a specific sensory loss. However, the provider had a policy in place regarding accessible information. We were told by the registered manager when key information such as complaints and safeguarding processes were needed in easy read format they would be available to people, families and staff.

People who used the service had communication plans which were very detailed and explained how the person communicated their needs. For example, one person used their own Makaton signs. Makaton uses

Signs, Symbols and Speech to help people communicate. Another person clapped their hands to show they were happy about something. The service used a "This is me" record which was written using easy read including signs and symbols and pictures to express people's needs. Other records used the same method to communicate the information such as newsletters and the complaints procedure.

There was a comprehensive complaints procedure and this was available to everyone who received a service, relatives and visitors. The procedure was on display in the service where everyone was able to access it. The registered manager was able to explain the procedure to ensure any complaints or concerns raised would be taken seriously and acted on to ensure people were listened to.

We spoke with the enterprise senior support worker who managed the shop "Garden creations". They told us the whole activities programme for people was aimed to "Develop and build people's self-esteem." They showed us some of the work which people who used the service had been involved with. This included making jams from the fruits collected in the grounds. Candle making which they said was popular with people who liked scents which aroused their sense of smell. Wood carving was a particular favourite with people who liked to work with their hands. People had made a noughts and crosses board and used modelling clay to make different coloured ladybirds used as counters on the board games. Gift wrap was being made using stencils which people had developed. Christmas wreaths were being made by collecting ivy and ferns from the grounds.

Everyone who participated in activities at the shop had a file with pictures of their achievements. People worked towards attaining AQA certificates (assessment qualifications alliance) which provided qualifications that enable students to progress to the next stage in their lives. We saw certificates of people's work in their individual file.

The environment had been arranged to promote people's wellbeing. There were large grounds with orchards, a vegetable patch and woods that people accessed. This meant there were no restrictions for activities, even if someone did not want to go out in the community. There was also a sensory room in the home. This had an interactive floor mat. For example, bubbles appeared on the floor and the person could stand on them to pop them. The staff told us this room was used by a number of people who enjoyed the games as well as also being able to use it as a relaxation room without the interactive mat.

Since our last inspection the service had obtained a hot tub housed in its own indoor room. Staff told us it was extremely popular and used several times a day by different people. We saw the hot tub featured on the activity plans for most people.

The service had their own vehicles, which increased their flexibility to take people out. Several people had their own car. We observed people being asked and offered choices of activities to do in the community.

A person-centred approach to care and support was evident. People's care plans included information about people's parents and family. People were encouraged to maintain and develop relationships with family and friends. We saw one person spent some weekends with their family. On the day of inspection, one person's family was visiting and they tended to visit three to four times a week.

Care records demonstrated the service was in contact with people's relatives informing them of any changes in their relative's health and involving them in any decision making.

Although we did not see care records in place about people's wishes at the end of their life, the registered manager explained this was due to the unique nature of the service and this would be discussed with

families. The majority of the people who used the service were younger adults. However, they told us if "end of life care" became a need they would ensure this was discussed and implemented.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post who provided leadership and support. Families who used the service told us the registered manager was well thought of and said they were approachable and empathetic. One member of staff told us, "I feel very supported by the management team. They are more approachable than anywhere I have worked before. They are open to ideas and suggestions."

We found the registered manager open and committed to making a genuine difference to the lives of people living at the service. We saw there was a clear vision about delivering good care, and achieving good outcomes for people living at the service.

The registered provider was compassionate towards staff, supported their wellbeing and invested in them. Staff we spoke with told us, without exception, that the service was well-led and that they felt they were a valued member of the team. They spoke with extreme high regard for the management team and opportunities they were given to progress within their roles. One staff member told us, "I love my job, we all work well as a team. We are here for the people we support and ensure they have full lives."

Staff morale was good and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people who used the service came first. One staff said, "Coming here I'm really taken aback with the support I get here."

Staff said that all of the members of the management team were very good at their jobs, exceptionally caring, very approachable and always put the needs of the people who used the service first. Staff we spoke with said, "We all work well as a team…complement each other." They went on to say, "Communication is key to everything we do, and we do this very well."

We observed handover between day and afternoon staff. This was comprehensive and gave the oncoming staff essential information about how people had presented during the morning and previous evening. Staff were then allocated tasks and the person who they would be supporting for the first part of their shift.

All staff we spoke with told us they received regular supervision and support. Staff also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. One staff member told us; "The manager has an open-door policy, listens and acts on any issues required. We are a good team."

Staff told us that they attended monthly staff meetings and minutes showed in-depth reviews of peoples' support needs had taken place. For example, we looked at the minutes of a team meeting which took place in September 2018 and high on the agenda was a discussion about the strategies to be used for one person whose behaviours had escalated. This helped staff to have a consistent approach to any behaviour/s that may have challenged others. Team meetings were also used as an opportunity to revisit policies and procedures or any training needs.

The service conducted regular audits of care plans, health and safety checks and medicines documentation, and had a clear system of audit. Audits gave clear actions for staff to take and where improvements were identified there was evidence that discussions took place and if necessary training or support was provided. Staff told us they received feedback from audits and were continuously improving their records and practice. The registered manager told us they attended the provider's regional care home meetings as a way of sharing best practice and discussing any updates and changes in guidance and legislation. However, we found the audits had not identified the issues around best interest decisions and meeting cultural needs.

We saw the service worked in partnership with other agencies such as psychiatrists, other clinicians and social care professionals in order to provide effective support for people. For example, we received positive feedback from a social care professional about how the service had worked effectively with them to improve people's care.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home and we found the service had also met this requirement.