

Scope

Scope Inclusion South East

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on the 8 August 2016. This visit was announced, which meant the registered manager and staff knew that we were coming. We did this, as the service is a domiciliary care agency and we wanted to ensure that appropriate staff were available to talk with us, and that the person and their relative, who were using the service, were made aware that we may contact them to obtain their views.

Scope is a domiciliary care agency providing inclusion support to three people living in their own homes, one of which received support with their personal care needs, the service's regulated activity. The service provides tailored support packages to adults with physical disabilities in the Brighton & Hove and East Sussex areas. The service also provides a day service for people to attend. However, not all of the support provided by the agency was looked at as part of this inspection.

The service had a registered manager. 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.

Regular audits were undertaken to ensure that the service the person received complied with the service's aims and vision. However, actions resulting from the audits had not always been fully implemented. For example, an internal audit had highlighted that the storage for medicines coming in and out of the day service needed to improve. Measures had been taken to improve this issue, such as more rigorous stock control measures, however, these had not proved effective and were not implemented. The registered manager had sought advice from a healthcare professional within the organisation to further improve this and was trialling a new method of monitoring medicines being brought into the service. Due to the fact that this was yet to be fully implemented there was a risk that the person's medicines could have been misused as there were no mechanisms in place to monitor the amount of medicines being brought in and out of the day service. This is an area of practice in need of improvement.

Records were comprehensive and detailed. However, not all records that contained information about the person's needs were stored in a confidential way and therefore there was a risk that people's confidentiality was not maintained. This had been recognised by the registered manager as an area of practice that required improvement, however, following their discussions with the management team, it had been decided that the storage of some information remain unchanged as this enabled the information to be easily accessible for staff. This is an area of practice in need of improvement.

The person's safety was maintained as they were cared for by staff that had undertaken training in safeguarding adults at risk and who knew what to do if they had any concerns regarding the person's safety. Risk assessments ensured that risks were managed and the person was able to maintain their independence. There were safe systems in place for the administration and disposal of medicines. The person's relative told us that the person received their emergency medicines, when required and records

confirmed this.

Sufficient numbers of staff ensured that the person had a dedicated and consistent team of staff to ensure their safety and meet their needs. The staff were suitably qualified, skilled and experienced to ensure that they understood the person's needs, condition and preferences. Essential training, as well as additional training to meet the person's specific needs, had been undertaken and used to improve the care the person received. The person's relative told us that they felt confident in the abilities of staff. When asked if they felt that staff were well-trained and experienced, they told us "Yes, the staff are, they even went to the respite service that my relative goes to and observed how to use the hoist and sling".

The person's relative confirmed that consent was gained before staff offered support. Staff told us that they always involved the person in any decisions that affected them and were able to interpret the person's response by the sounds they made and their facial expressions. The person's relative confirmed that the person was able to communicate their feelings and thoughts to staff and that staff knew how to interpret the person's communication and preferences well. Staff had an awareness of the legislative requirements with regards to gaining people's consent and what to do if people lacked capacity.

The person was supported to maintain sufficient quantities of nutrition and hydration. Staff had received training to support the person appropriately and the person's relative confirmed that they were confident in the staff's abilities to provide appropriate support with the person's nutritional requirements. The person had access to relevant healthcare professional and services to maintain good health. A healthcare professional told us "The Scope team meet my client's clinical support requirements well".

Positive relationships between the person and staff had been developed and the person was encouraged and supported to maintain relationships with others. The person's relative and a healthcare professional were complimentary about the caring nature of staff, the relative told us "They're all so friendly; I've never had a problem with any of them". A healthcare professional further confirmed the caring nature of staff and told us "Based on my professional experience of working with Scope, and feedback from the families of my clients, the service is caring, compassionate and very responsive to the client's needs".

Privacy and dignity was respected and staff showed a good awareness of how to support the person in a way that maintained their dignity when they were being supported with various tasks. The person and their representatives were involved in the person's care and any decisions that related to this. The person's right to make a complaint was also acknowledged. The registered manager welcomed feedback and used this as opportunity to develop the service provided. The person received personalised and individualised care that was tailored to their needs and preferences. Person-centred care plans informed staff of the person's preferences, needs and abilities and ensured that the person was treated as an individual. A healthcare professional told us "The package in place for the person is a good example of the responsiveness of Scope as a care provider. Of all the agencies I work with locally, Scope provides the care that I feel most confident to describe as person-centred".

There was a positive culture within the service and this was demonstrated in the approach by management and staff. The person's relative, healthcare professional and staff were complimentary about the management team. There was a strong sense of leadership from the management team and staff felt supported and valued. One member of staff told us ""Absolutely, yes, you couldn't ask for a better team of managers. They're very dedicated to helping the people and they always listen and give you time". The registered manager further demonstrated a sound commitment to ensuring the aims of the service were embedded in practice. They told us "I want to ensure that people have the same opportunities as other people their age can have. They can lead and guide us as to what they enjoy and what they want to do with

their time. I see the people as my focus; everything else comes second to that. We take people and help them to grow".

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.

There were effective systems in place to ensure that the person was cared for by staff that were suitable to work in the sector. Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding the person's safety.

Risks to the person's safety were assessed and appropriate action taken to ensure their safety.

Staff were suitably experienced with regard to the administration of medicines and had their competence regularly assessed. There were systems in place to ensure that the person had access to their medicines when required.

Is the service effective?

Good ●

The service was effective.

The person was cared for by staff that had received training and had the skills to meet their needs. They had access to healthcare services to maintain their health and well-being.

People were asked their consent before being supported. The registered manager was aware of the legislative requirements in relation to gaining consent and relevant people were involved in the decision making process.

The person was supported to maintain their nutrition and hydration by staff that were suitably qualified and experienced to provide the support.

Is the service caring?

Good ●

The service was caring.

A relative and external healthcare professional commented on the kindness and caring nature of staff.

The person, their relative and advocate were actively involved in

the care that was provided to the person. Staff had a sound awareness of the person's individual needs and ensured that positive relationships were developed and maintained.

A relative and healthcare professional told us that the person's privacy and dignity was constantly promoted and maintained.

Is the service responsive?

Good ●

The service was responsive.

The person received a personalised service that was centred around them and the way they wanted to live their life. Changes in the person's needs were recognised quickly and appropriate actions taken.

The person was supported by staff to maintain their individuality, to participate in events in their community and engage in pastimes of their choice.

Feedback from people and their relatives was welcomed and encouraged and used to improve the service people received.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality assurance processes ensured that the systems and processes within the service were effective. However, not all actions had been fully implemented when areas of practice that required improvement had been recognised as part of the audits.

Records were detailed and comprehensive. However not all information was stored in such a way that promoted people's confidentiality. Despite this being recognised as an area of concern it had been decided that the storage of information remain unchanged.

A relative, healthcare professional and staff were positive about the management and culture of the service. The person was treated as an individual, their opinions and wishes were taken into consideration in relation to the delivery of the care they received.

Scope Inclusion South East

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.

The inspection took place on the 8 August 2016. This visit was announced, which meant that the registered manager and staff knew that we were coming. We did this, as the service is a domiciliary care agency and we wanted to ensure that appropriate staff were available to talk with us, and that the person and their relative, who used the service, were made aware that we may contact them to obtain their views. The inspection team consisted of one inspector.

Before the inspection we asked the registered manager to complete a Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the service, what the service does well and improvements they planned to make. Before the inspection we checked the information that we held about the service and the service provider. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with one relative, four members of staff, a healthcare professional, the registered manager and the area manager. Surveys had also been sent and received from staff and healthcare professionals to gain their feedback on the service. We reviewed a range of records about the person's care and how the service was managed. These included one person's care records, their medicine administration record (MAR) sheets, five staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspected in November 2013 and no areas of concern were noted.

Is the service safe?

Our findings

The person's relative told us that they felt the service was safe. There were safe systems in place to ensure that risks to the person's safety were acknowledged and managed. The person's relative told us "My relative would let staff know if they didn't feel safe". A healthcare professional told us "The Scope risk assessment process for my client appears to be robust. On occasions the Scope service, myself and occasionally the respite service accessed by the client, joint work to ensure that their needs are met using similar equipment, practices and procedures in all locations. An example of this is manual handling assessments and staff training".

The person was cared for by staff that the provider had deemed safe to work with them. Prior to their employment commencing, staff's suitability to work in the health and social care sector had been checked with the Disclosure and Barring Service (DBS) and their employment history gained. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people.

Sufficient numbers of staff provided a dedicated and consistent team for the person and ensured that they were safe and well cared for. The registered manager explained the importance of ensuring that the team providing support to the person was consistent as they had such specific and complex needs. The person's relative told us that they felt there were sufficient staff. Staff had a good understanding of safeguarding adults, they had undertaken relevant training and could identify different types of abuse and knew what to do if they witnessed any incidents. There were whistleblowing and safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding people's safety and well-being. A whistleblowing policy enables staff to raise concerns about a wrongdoing in their workplace. There were good systems in place to monitor people's well-being. For example, body maps were completed to enable staff to document marks on the person's body so that these could be monitored and action taken if required.

The person's safety was maintained through the completion of risk assessments and the knowledge of staff. Risk assessments were detailed and comprehensive; they were completed when the person first joined the service and regularly reviewed to ensure that they were up-to-date and complied with the person's current needs and abilities. Staff were provided with clear guidance as to how to support the person safely when assisting them with moving and positioning, they contained detailed written guidance as well as photographs of the person using the equipment so that staff could have an awareness of the correct positioning and operation of the equipment. A healthcare professional told us "Risk and other documentation is shared between Scope and myself to ensure continuity of approach".

There were good systems in place to record and monitor accidents and incidents. Those that had occurred had been dealt with effectively and were used to inform practice. These were also shared with the person's relative. A healthcare professional further confirmed the openness and transparency of the service, they told us "If a hazard arises that affects my client, both myself and the client's family are informed by Scope. The Scope team leaders update the family on the action plan that will be put in place to reduce future risk, and

we are updated on any changes to the client's care plan or staff training that will be carried out as a consequence".

The person received support with their medicines from their relative, however would occasionally require emergency medicines whilst being supported by staff. Staff had received training in medicine administration and were regularly observed by the registered manager to ensure their competence. There were clear, detailed records that informed staff of the type of medicine, dose, route and frequency as well as the support required to administer this and what actions to take if there were concerns. Medicine Administration Record (MAR) sheets showed that the person had rarely required their emergency medicines, however staff ensured that they completed the MAR appropriately to state that the medicines were not needed.

Is the service effective?

Our findings

The person was supported by staff that were skilled and experienced. When asked if they thought the staff were skilled and experienced the person's relative told us "Yes, the staff are, they even went to the respite service that my relative goes to and observed how to use the hoist and sling".

The registered manager was committed to workforce development and there was an emphasis on learning and development from the outset. New members of staff had completed, or were working towards, the Care Certificate as part of their induction. The Care Certificate is a set of standards that social care and health workers can work in accordance with. It is the new minimum standards that can be covered as part of the induction training of new care workers. In addition to this staff were able to shadow existing members of staff to enable them to become familiar with the person's needs and requirements. Staff told us about their experience of undertaking the induction process, one member of staff told us "It was a very good induction, very helpful and I was made to feel very welcome, they're very friendly, it is like a big family, I was able to shadow other staff until I felt comfortable".

Staff had undertaken essential training, as well as training that was specific to the needs of the person. For example, staff had undertaken training for supporting people living with epilepsy and enteral feeding. Enteral feeding refers to the delivery of a nutritionally complete feed, containing protein, carbohydrate, fat, water, minerals and vitamins, directly into the stomach. Staff told us that they were happy with the training and development that was offered and it helped them to provide support to the person in a way that was specific to their needs. There were links with external training providers including the local authority and other external organisations to ensure that staff were provided with the most up-to-date guidance.

The provider had mechanisms in place to monitor and ensure that the training staff completed was effective and implemented appropriately. Records showed that staff were observed every three months undertaking specific tasks to ensure that their practice was competent and meeting the needs of the person. These observations enabled staff to be observed supporting the person with moving and positioning, administration of medicines, enteral meals and general support. Regular supervision meetings and annual personal development plans reviewed staff's competence and identified further areas of learning and development. Staff told us that they found the supervision process a positive and supportive experience but that they didn't have to wait until a formal supervision meeting to approach the management team or seek advice. One member of staff told us "They are always available, they always say to us don't ever feel that you're on your own, come to us anytime".

The person was supported to access relevant healthcare services to ensure their health was maintained. Records showed that the person had been supported to attend and receive support from physiotherapists, occupational therapists and speech and language therapists (SALT). A healthcare professional told us "The Scope team meet my client's clinical support requirements well". Care records for the person contained clear, detailed information for staff informing them of the signs and symptoms that might indicate that the person was becoming unwell. The person's relative confirmed that they were confident in the abilities and knowledge of staff to recognise when their relative was not feeling well. They told us "If my relative is unwell

then I'll keep them at home, but staff know what to look for and will contact me if my relative is ever unwell".

Staff showed a good understanding of the person's needs and their communication abilities. Care records and communication passports for the person provided staff with detailed and clear guidance with regards to the person's communication abilities. Staff told us that they were able to interpret the person's communications needs well and their relative confirmed this. Care records for the person informed staff of the person's visual impairment. Staff had a good understanding of how to support the person in accordance with this. One member of staff told us "They like to sit in front of a large mirror so that this enables them to have more of a 360 degree vision, they really like this". Staff told us about the type of sensory lights that the person enjoyed and daily records showed that the person had been supported to access a sensory room at the day service and had enjoyed looking at the lights. The registered manager ensured that staff were kept up to date and provided with information about people's changing needs and the running of the service through regular team meetings. Staff told us that they used these meetings to raise and discuss issues of importance in an open and honest atmosphere.

The person required support to maintain their nutrition and hydration through the use of an enteral feed. Staff had all received training for its use and there were clear, detailed guidelines for staff to follow informing them of how to administer this correctly and what they should do if they encountered any problems. The person's relative confirmed that staff supported the person appropriately and explained that they were contacted if there were ever any concerns.

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 registered manager was working within the principles of the MCA. Records showed that the person, their relative and their advocate were involved in decisions. Staff told us that they always involved the person in any decisions that affected them and that they were able to interpret the person's response by the sounds they made and their facial expressions. The person's relative confirmed that the person was able to communicate their feelings and thoughts to staff and that staff knew how to interpret the person's communication and preferences well.

Is the service caring?

Our findings

The person was supported by kind and caring staff. The person's relative told us that their relative was happy with the care they received and would be able to let staff know if they were ever unhappy with the support that was being provided. The relative told us "Staff are kind and caring, they just are, if my relative hasn't had a good day staff will tell me straight away and explain how they supported them. I can't fault them, they're fabulous, they really are". A healthcare professional further confirmed the caring nature of staff and told us "Based on my professional experience of working with Scope, and feedback from the families of my clients, the service is caring, compassionate and very responsive to the client's needs".

Staff demonstrated a good knowledge of the person's needs and spoke about them with genuine warmth and compassion. It was apparent that positive relationships had been developed between staff and the person. The person's relative told us "They're all so friendly; I've never had a problem with any of them". The registered manager had ensured that the person received support from a consistent team of staff to enable positive relationships to develop. The person's relationships with friends and family were acknowledged and encouraged. Care records for the person documented the person's family and friends and things that were important to them as well as what other people and staff liked and admired about the person. Comments included 'Cheeky' and 'Energetic'.

The person, their relative and advocate were able to express their needs and wishes and were fully involved in the person's care. It was apparent that the person was involved in decisions that affected their day to day support needs and there was regular communication, via face to face, communication books, telephone calls and emails with their relative and advocate. The person's relative told me "It nice because I can speak to the staff when they collect my relative in the morning and when they bring them home, they fill me in with what has happened and I'm always finding letters in my relative's bag informing me of different things". Review meetings with the person, their relative, advocate and other services that the person accessed took place and provided an opportunity for them to comment on the care the person received and suggest areas that they wanted changed.

It was apparent that the person was treated as an individual, their differences were respected and support was adapted to meet their needs. The registered manager ensured that the support provided to the person was person-centred and enabled them to receive the type of support they chose. Independence was promoted and encouraged. Staff told us that they encouraged the person to be as independent as possible. One member of staff told us "I always explain what is happening and ask if they'll help me, which they can do. I also encourage them to hold objects and encourage them to choose". Care records for the person showed that a new switch had been installed on the person's wheelchair to enable the person to control their own movements. Daily records showed that the person had been supported to go to the local park to use the switch on their wheelchair, enabling them to have the space to manoeuvre their wheelchair independently. A member of staff told us "The person uses the switch to drive the chair themselves, we either go to the local park or use it when the centre is empty as there is more space, the person really enjoys this".

Staff respected the person's privacy and dignity. Staff told us how they maintained the person's dignity when offering support and the person's relative told us "They treat them with dignity and respect, my relative likes to have their own space however, staff are unable to leave them completely on their own, but they have found a way of enabling them to have space whilst monitoring them discreetly". A healthcare professional told us "The privacy and dignity of my client appears to be maintained by all those working with them at Scope".

Is the service responsive?

Our findings

The person received a service that was responsive to their needs and they were at the centre of the care and support that was provided. A healthcare professional told us "The package in place for the person is a good example of the responsiveness of Scope as a care provider. Of all the agencies I work with locally, Scope provides the care that I feel most confident to describe as person-centred".

When joining the service, an initial assessment was conducted to ensure that the service was able to meet the person's needs, this involved meeting with the person, their relative and relevant healthcare professionals and sharing information about their needs and abilities. The assessment and subsequent care records were enabling and person-centred, enabling the person's representatives to discuss their preferences and identify areas that were important to them. It focused on the skills and abilities that the person had as opposed to what they couldn't do, whilst also identifying aspects of their life that they might require further support with. The person's needs were assessed holistically. Their emotional, social, healthcare and physical needs were taken into consideration. Care plans contained comprehensive and detailed information and provided staff with appropriate guidance as to how to support the person according to their needs, preferences and healthcare needs. Staff told us that they found the care plans helpful as they provided them with detailed information to follow.

People's needs were regularly assessed and support was adapted in response to people's changing needs. Regular monthly reviews of the care and support the person received were completed, these enabled staff to ensure that the person was receiving appropriate care and support to meet their current needs. Care and support was adapted in response to the person's changing needs. Annual formal reviews, where the person, their relative and other healthcare professionals were involved, took place and provided a forum for all involved to share their experiences and preferences. The person's relative told us "We have a formal review each year but if there are any problems we'll phone each other up and sort it out". A healthcare professional told us "When issues with a client's care have occasionally arisen, Scope keep myself and the family informed that the issue has been recognised, what action is planned and what action has been taken. Scope also work closely with myself regarding the support requirements for my client and their family, and there is always a representative of the management team available to attend planned reviews".

As part of the support provided to the person, staff assisted them to access the local community and partake in activities and interests that the person enjoyed to reduce the risk of social isolation. Staff showed a good awareness of the type of activities that the person liked to pursue. Daily records showed that the person had been supported to regularly access places of interest and had enjoyed these experiences. The person's relative told us "They try different things with them, and they will let the staff know if they are enjoying something or don't like something. They can be so different from one day to the next so it is about trying something that suits how they are that day, I'm confident the staff know to do that". A healthcare professional told us "Each client has a programme in place this is often amended to reflect the client's preferences, not just when the programme is reviewed, but day by day as far as is practical. The 1:1 funding in place for each of my clients makes this approach viable. The activity choices on the programme are guided by the client's interests".

The provider had a complaints policy and the person and their relative were reminded of how to make a complaint through a newsletter that was sent from the service. Complaints that had been received were dealt with appropriately and according to the provider's policy. A relative told us that they were happy with the care and support their relative received and when they had raised concerns that these had been listened to and acted upon.

Is the service well-led?

Our findings

The person's relative, a healthcare professional and staff praised the leadership and management of the service. One member of staff told us "Absolutely, yes, you couldn't ask for a better team of managers. They're very dedicated to helping the people and they always listen and give you time". However, despite these positive comments we found areas of practice in need of improvement.

The management team conducted regular audits to ensure that the service the person received complied with its aims and vision. Regular observations of staff practice and interaction with the person took place, as did audits of all of the systems and processes in place within the service. However, not all of the actions resulting from the audits had been fully implemented. An internal audit had identified that there were ineffective systems in place to ensure sufficient monitoring of medicines being brought in and out of the day service from the person's home. The registered manager has ensured that when medicines were brought into the day service from the person's home, that these were signed in and out by members of staff. However, there was no system in place to monitor the amount of medicines that were being brought in and out of the service and therefore there was no way of monitoring and ensuring that there were the same quantities of medicines being sent home with the person. Measures had been taken to improve this issue, such as more rigorous stock control measures, however, these had not proved effective and were not implemented. The registered manager had sought advice from a healthcare professional within the organisation to further improve this and was trialling a new method of monitoring medicines being brought into the service. Due to the fact that this was yet to be fully implemented there was a risk that the person's medicines could have been misused as there were no mechanisms in place to monitor the amount of medicines being brought in and out of the day service. This is an area of practice in need of improvement.

Within the day service there were comprehensive and detailed records containing information about people's needs and abilities. These were stored in locked cabinets within the main office to ensure that people's confidentiality was maintained. During a recent staff day the registered manager had spoken to staff to improve the quality of recording in records and explained that since the meeting she had already noticed an improvement in the quality and content of recordings. Staff communicated and shared information with one another through the use of a written communication book. However, the communication book was left open and stored in the main foyer area of the building, which was accessed by people and visitors' to the service. The communication book contained information about people's changing needs. Measures, to ensure people's confidentiality, had been considered, as the foyer could only be accessed by a coded entry system and people's names were recorded using their initials. However, observations showed the area being used by people and visitors' and there was a potential risk that they could have accessed the information. When the location of the communication book, and the concerns this raised with regards to the confidentiality of the information contained within it, was raised with the registered manager she explained that she had thought about this in the past and that this had been discussed with the management team. However, it had been agreed that it was easier for them to store the book in the foyer to remind staff to look at the book and complete it. Storing the communication book within the main foyer did not maintain people's confidentiality. This is an area of practice in need of improvement.

The service is part of Scope, a large charitable organisation. The service's management team consisted of a registered manager and four team leaders. The service provides support for disabled adults in the Brighton and Hove and East Sussex areas. The aims of the service state 'Through our flexible support you'll gain new skills, confidence and independence, it's your choice what you'll do'. It was apparent that this was embedded in the culture of the service and in the actions of staff. It was evident that the registered manager was committed to ensuring that this aim was implemented. They told us "I want to ensure that people have the same opportunities as other people their age can have. They can lead and guide us as to what they enjoy and what they want to do with their time. I see the people as my focus; everything else comes second to that. We take people and help them to grow". A healthcare professional told us "I primarily work with the team leaders at Scope rather than the senior managers. However, when it is necessary to discuss a client's requirement or service changes with a senior manager, the response is prompt and responsive". The registered manager welcomed feedback from the person and their relative, there were regular meetings held within the day service that could be attended to share their views and opinions. Feedback postcards were also sent to the person and their relative to enable them to share their views and a feedback box, located in the day service, enabled them to post their feedback.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being taken. The registered manager also recognised and understood the importance of openness and transparency. Records showed that following an incident the person's relative had been informed. The registered manager kept their knowledge and skills up to date and attended regular meetings with other managers within the organisation. There were links with external organisations to ensure that the staff were providing the most effective and appropriate care for people and that staff were able to learn from other sources of expertise. These included links with the local authority and external health care professionals and services.