

Voyage 1 Limited

Rusthall Respite

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?	Good ●

Summary of findings

Overall summary

About the service

Rusthall Respite is a small residential care home providing personal and nursing care to two adults with learning disabilities at the time of the inspection. The service can support up to five adults with dementia, learning disabilities or autistic spectrum disorder, physical disabilities or sensory impairments.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People enjoyed having a respite stay at Rusthall Respite. This was evidenced by observations of people staying and through photographs of people smiling and having fun. A relative told us their loved one, "Is always happy about going there and chats about it when he comes back."

People had access to a wide range of different activities throughout their stay both inside and outside of the service.

People's care centred around their needs and preferences. Staff treated each person with compassion and kindness, and continuously used feedback either verbally or based on their observations of people to improve the service.

People were safe staying at Rusthall Respite; accidents and incidents were minimal, and staff worked to reduce the likelihood of issues reoccurring. People had been supported to take their medicines as prescribed in order to maintain their health.

People received good care and support. Staff had the knowledge and training to protect people from abuse and avoidable harm. Risks to people were identified, and when incidents and accidents occurred they were investigated appropriately and learnt from.

People had choice over their care and support and their dignity and privacy was respected by staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Good at a comprehensive inspection which was carried out on 12 December 2016 (published 07 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Rusthall Respite

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Rusthall Respite is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provided respite care to people which meant people stayed at the service for short breaks only.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not been to the service and had not received any information or concerns. We did not receive any feedback from local authority commissioners. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. One person was not able to verbally express their experiences of staying at the service. We observed staff interactions with people and observed care and support in communal areas.

We spoke with five staff including; senior care staff, the registered manager, the service improvement manager and the regional operational manager.

We reviewed a range of records. This included two people's personal records, care plans and people's medicines charts, risk assessments, staff rotas and two staff recruitment records. We also reviewed a variety of records relating to the management of the service; audits, policies and procedures and meeting minutes were reviewed.

After the inspection

We continued to seek clarification from the management team to validate evidence found. We looked at training data and quality assurance records. After the inspection we gained feedback from one relative about their family member's care and support.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. Staff we spoke with could describe what abuse meant and tell us how they would respond and report if they witnessed anything untoward.
- Staff told us the management team were very approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. Staff knew how to raise and report concerns outside of their organisation if necessary.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified. Plans were in place to ensure these risks were reduced. Positive risk management was evident as this was focused on people's needs, choices, wishes and abilities and approached in the least restrictive way possible.
- We observed staff prompting a person to walk with their Zimmer frame. Another person required assisted walking, but they were able to independently manoeuvre around the service by crawling. Staff monitored the person's whereabouts and kept them safe at all times.
- A relative told us their loved one was safe when they stayed at the service. They said, "He hasn't had any issues there, he's had no issues with falls. He has not come home with any injuries, bumps or scrapes. He was recently assessed by the OT (Occupational therapist) to see if he could manage the stairs, it was deemed safer to remain on the ground floor."
- The safety of the environment had been risk assessed and hazards managed by the management team. For example, checks had been carried out by contractors on the electrics, gas, fire systems, emergency lights, hoists, beds, equipment and water.
- Staff had carried out regular fire alarm tests, window restrictor checks and checks on the temperature of the water.
- Each person had a Personal Emergency Evacuation Plan (PEEP) this detailed the level of assistance and the type of equipment required they would need to reach a place of safety in the event of an emergency.
- Suitable equipment was in place to assist staff to evacuate people safely in the event of a fire. Records showed that staff had undertaken regular fire drills and had practiced using the equipment.

Staffing and recruitment

- There were suitable numbers of staff to provide the care and support people were assessed as needing. The registered manager told us that they carried out a regular assessment of staffing levels and increased staffing levels when required for each respite booking to meet people's needs.
- We observed that people knew staff well and were comfortable in their presence. We asked one person if

they liked the staff they indicated they did by putting their thumb up and smiling.

- Agency staff were used to support any sickness, holidays or vacancies within the staff team. The management team explained agency workers deployed were workers they used frequently so they knew people and the service well.
- The registered manager made sure they followed a robust process when recruiting staff to make sure only staff who were suitable to work with people living in the service were employed. Application forms were completed, any gaps in employment were investigated, references and proof of identity were checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who use care services.

Using medicines safely

- Medicines were securely stored and kept at the correct temperature to ensure their efficiency.
- Medicine administration records (MARS) were complete and accurate and people received their medicines as prescribed.
- Some people were in receipt of as and when required (PRN) medicines. PRN protocols were in place for most people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant staff working with people (including those administering these medicines) had all the information they needed to identify why the person took that particular medicine and how they communicated the need for it.
- PRN protocols followed STOMP to support people to reduce their medicines. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines.
- Medicines records and stock levels were regularly audited. A relative said, "He never comes back with the wrong amount of medicines, so I know they are giving him them."

Preventing and controlling infection

- The service was clean and smelt fresh. Staff used protective equipment such as gloves and aprons to protect people and themselves from healthcare related infections.
- The equipment and the environment had been maintained. The provider's maintenance team carried out repairs and maintenance in a timely manner.

Learning lessons when things go wrong

- If people had any accidents or incidents whilst staying at the service these were appropriately recorded and actions were taken which included reporting to relatives and health and social care professionals.
- The management team conducted analysis to monitor the time of day, place and whether the accident or incident was witnessed. Lessons learnt from accidents and incidents were discussed with staff during staff meetings and debriefing sessions.
- We viewed accident records for people who had previously stayed. One incident record showed a person had left the service and was seen running down the street. They had forced the back gate open. Appropriate actions had been taken. A new key coded lock had been fixed to the back gate and the provider's positive behaviour support team had been supporting staff. The person's previous placement was also contacted for advice and this was found to be a known behaviour. The person's risk assessment had been updated.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people started to use the service, a comprehensive assessment was completed to ensure the provider could meet the person's needs. The assessment considered people's physical and mental needs, as well as looking at their protected characteristics under the Equalities Act 2010 such as their cultural or religious needs.
- Information gathered from the assessment was then used to create a care plan and risk assessments, which were updated and reviewed each time a person stayed at the service.
- Before people were booked to have respite they visited the service and had a meal, met staff and other people and some stayed overnight to see if they like the service. This helped people make an informed choice about whether they would like to stay at the service and helped the staff understand their care and support needs.

Staff support: induction, training, skills and experience

- Staff continued to receive the training and support to enable them to effectively support people. The training was varied and included a mixture of face to face courses and eLearning. One staff member had just completed training to enable them to train other staff with moving and handling skills.
- The provider had arranged a variety of courses and refreshers which were scheduled throughout July and August. These included, basic life support, epilepsy rescue medicines, diabetes, tissue viability and dysphagia (swallowing difficulties).
- Staff received regular support from the registered manager in the form of supervision, during which they were encouraged to share any ideas to enhance the lives of the people they were supporting. Staff were also offered training, guidance and personal support when needed. One staff member said, "Supervision is every six weeks there is an open door office policy. We talk all the time."
- Staff told us the induction programme was thorough and supported them to be effective in their roles. One staff member told us, "Inductions for new staff include learning the layout of the home, practical stuff, eLearning, shadowing (experienced staff) and reading care plans."

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

- People were supported to eat and drink enough to maintain their health. They were offered choices of meals.
- At the beginning of each person's stay staff met with people to discuss their menu choices for the week and shopping was then completed to purchase the items. A person indicated they liked the food by smiling and putting their thumb up. They told us they had chosen pie for dinner. A relative said, "They [staff] send a report home and it shows they have had meetings and chosen the food. The food he has eaten is listed and

it's always things he likes."

- People's care records showed clear likes and dislikes for food and drink. Staff described how they prepared meals for people with swallowing difficulties and how they ensured that food was appropriate to meet people's assessed needs.

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

- The service was designed and decorated to meet people's needs. The environment was pleasant and spacious. The kitchen had low level work surfaces to enable people with mobility needs to be fully involved in preparing and cooking meals.
- The ground floor was fully accessible for people who used wheelchairs to mobilise. Where people had additional mobility needs, suitable equipment was in place. For example, hoists and height adjustable beds.
- People had access to the garden which was secure and well maintained and all areas of the service including the kitchen.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service had developed a start and end of stay checklist which checked if people's health needs had changed since the person's last stay.
- People had health action plans which included information about their healthcare needs and appointments such as doctors, paramedics, dentists, consultants, specialists and opticians.
- Staff explained how they would take action if people were not acting in their usual manner and were showing signs of illness. Staff had contacted paramedics and healthcare advice through calling 111 when required. The service improvement manager told us, "Medical appointments are generally all done with families, however emergency appointments are catered for."
- Staff explained how they worked together with other agencies to ensure that people received consistent, timely, coordinated, person-centred care and support. One staff member said, "The district nurse visits to do enemas for some people. OT (Occupational therapy) referrals are made. I did my first OT assessment the other day for [a person] regarding a shower chair that tilts and is safer for him to use."
- The service worked with day services, further education schools and colleges and work placements to ensure that people's stays were successful and that communication was clear.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff we spoke with had a good understanding of the MCA and how to apply it.
- During our inspection we observed staff asking people for consent and encouraging them to make decisions. Staff respected people's decisions.
- The registered manager had applied for DoLS authorisations when required. DoLS has been applied for on

a temporary basis and were retracted when a person ended their stay. No one had a DoLS authorisation in place.

- We observed that DoLS applications had been made and submitted to the local authority.
- Coded door locks were in place on the front door and garden gate to prevent people who needed support to go out leaving the building alone. This measure was in place to keep people safe. If people wanted to go out they were supported to do so.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people being treated with kindness and compassion. Staff responded quickly to people's requests and questions.
- Staff frequently spoke with people; they did so in a patient, calm and friendly way. We saw that staff maintained eye contact with people, sat down next to them when talking with them, and bent down to interact when appropriate.
- We observed that staff interacted with one person who had a visual impairment in a person-centred manner, the person was supported in a hand on hand manner and clearly enjoyed contact with staff and the sensory experience of touching and clapping.
- Staff knew people well and talked about their likes and dislikes. When the registered manager took bookings for respite care, they tried to ensure that people could stay at the same time as their friends if that is what they wanted. They also tried to book people with similar interests at the same time.
- A relative told us that their loved one was treated well. They said, "He loves it there, he cries when he comes home. No problems at all. [Person] is always happy about going there and chats about it when he comes back."

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

- People were supported to express their views in a way which suited them. Staff used pictures and objects of reference to discuss people's support with them which enabled people to express their views.
- Meetings were held with people at the start of their stay to discuss requests, meal planning, activity planning and share information about who to talk to if they were unhappy or wanted to complain.
- People were encouraged and supported to self-advocate. People had support from relatives to advocate for them where they needed them. Advocacy information was available for people. No one had an advocate.

Respecting and promoting people's privacy, dignity and independence

- We observed that staff treated people with dignity and respect. We observed people seeking staff out and choosing to spend time with staff. We observed people interacting with staff and smiling.
- Staff respected people's privacy. Staff did not enter people's rooms without knocking first. Staff detailed how they supported people with their personal care in a dignified manner to ensure the person's privacy was maintained, such as making sure doors and curtains were closed. One staff member said they, "Don't rush people but don't let them get cold by taking too long."
- People's records were stored securely to protect their privacy.

- People were encouraged to become independent. Care plans included information about how much a person could do for themselves. Staff shared information about helping people to increase their independence. One staff member said, "We do support people to be as independent as possible. Some people like to do their own laundry and personal care. We also recognise that some people treat this as their holiday and they don't want to do anything and want to sit and relax."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care and support was personalised. People had support plans in place which clearly detailed people's care and support needs.
- The support plans had been reviewed regularly and updated with new information which was supplied at the start of each person's stay in a start and end of support checklist.
- We observed people receiving care and support which met their needs.
- One person staying enjoyed the sensory experience of water, their care records showed that staff were supporting the person to have daily baths or showers and were supporting the person to spend time enjoying the water after they had finished washing.
- During the inspection staff spent time supporting the person to play with water and brightly coloured ducks and boats using a large bowl. The person clearly enjoyed this and was smiling, splashing and interacting with the staff that supported them.
- One person told us they liked staff because staff helped them with their medicines and helped them wash their hair.

Meeting people's communication needs

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

- Staff knew people very well and were able to understand what they needed and wanted. Staff understood people's hand signals, gestures, sounds and speech.
- When people had difficulty communicating, information was available in pictorial formats and easy to read formats.
- Staff described how they supported people who used non-verbal communication, to make visual choices using objects of reference; interpreting the gestures and movements people made in response.

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

- People were supported to choose activities they wished to engage in at the start of their stay and this was documented in the house meeting record.
- Records showed that people were supported to carry on their ordinary daily activities which they would normally do when they were at home. During the inspection, one person went to school during the day as they were in their final year of school and one person went to their chosen day service.

- Staff told us that people were supported to do activities of their choice in the evenings and weekends. One staff member said, "We always offer people activities; some people choose not to go out as they want a break from all the things they usually do and treat it as a holiday. We utilise the local community, however there is not a lot in Rusthall; just a few shops and park. We do use the local café for lunches out or pop in for dessert.
- Records showed that people had participated in; karaoke, arts and crafts, watching films, puzzles, bowling, pub, wildlife parks, garden centres, cookery sessions, food shopping, seaside visits and mini golf. Pictures around the service showed people and staff smiling and engaging in activities.
- There was a range of arts and crafts, sensory and musical items, games and items to keep people occupied. Staff purchased some large building blocks on the day of the inspection as they had seen these in a local shop. They told us someone new who had been referred to the service enjoyed using these and they were planning for their future stay.
- A person told us they liked to go out. They enjoyed films, cinema and trips to the seaside. They told us they had been to the seaside on their stay and signed to show us they had an ice cream at the seaside which they enjoyed.
- A relative told us they receive an end of stay report, they said, "Trips and activities are on the report."

Improving care quality in response to complaints or concerns

- People had information about how to complain should they wish to. The complaints information was available in easy to read formats to help people understand.
- Meetings were held with people at the start of each person's stay and the concerns and complaints process was discussed and shared with them. A staff member said, "We discuss the easy read complaints procedure on white board hanging up and talk to people about how to complain."
- The service had not received any complaints.

End of life care and support

- At the time of the inspection nobody received end of live care. The service, at this time did not offer end of life care and support as it was a short stay respite service only.
- Staff described care and support that had been given in the past to a person who used the service who was reaching the end of their life. Staff detailed how that they worked with health professionals to ensure that health needs were met. Staff had received specialist training to support the person.
- Any discussions, choices and requests about deteriorating health including end of life care would be held with people and their families during the booking process for booking a respite stay and through the information received at the start of each stay.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager knew people and staff well. They were supported by the service improvement manager and the regional operational manager. The management team were passionate about providing quality care and this passion was replicated in the staff team.
- Staff told us the management team encouraged a culture of openness and transparency. Staff felt well supported by the management team.
- The provider's website states, 'We have a very dedicated and motivated team here at Rusthall Respite. Our experienced staff will work closely with each person to ensure we deliver personalised care and support during each stay.' It was evident that the staff were dedicated and motivated and were working with people to provide good care to ensure the person enjoyed their stay.
- A relative told us they would recommend the service to others.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibility to act on the duty of candour and had reported incidents in the past as required. There were policies in place for the reporting of incidents and relatives told us they were confident they were kept informed of anything that affected their loved ones.
- The service operated under a no blame culture. This ensured that staff were confident to admit to mistakes and discuss errors with the management team. Learning from mistakes ensured risks could be minimised in the future and could lead to changes to procedures.

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

- Staff were clear about their roles and responsibilities and were reminded of these at regular staff and supervision meetings. Staff told us the management team were approachable, supportive and available. One staff member said, "[Registered manager] listens to me and [staff member] and treats us as equal." The staff member went on to say, "The management team is really great. [Registered manager] is brilliant. We are having regular staff meetings. We can bring up anything in the meetings and at any time. We have a handover records and communication book, plus a verbal handover."
- The management team had notified The Care Quality Commission (CQC) of significant events, such as Deprivation of Liberty Safeguards (DoLS) authorisations and safeguarding concerns and the action taken to prevent similar situations occurring again.

- The management team had conspicuously displayed the CQC quality rating in the reception area and on the provider's website, so people, visitors and those seeking information about the service were informed of our judgements.
- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were invited to regular house meetings where they were asked their opinions about the service.
- People were engaged in the service and asked their opinions. The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- People completed surveys regularly. The management team's development plan dated June 2019 showed that seven people had completed surveys with their experiences of staying at the service. The surveys were in an easy to read format. One person had fed back that the pillows were too flat at the service. The management team took action to replace all of the pillows. Other feedback included that people would like televisions in their room. The management team were arranging for these to be purchased.
- Relatives had been invited to give feedback through surveys, 16 completed surveys had been returned. Feedback from relatives showed they liked the detailed end of stay report. They provided positive feedback about staff working hard and said that positive changes had been made since the registered manager had been in post.
- Health and social care professionals involved with the service had been sent surveys to complete. The service had received one completed survey with nothing but positive feedback. The professional had commented, 'I have a good relationship with this service.'
- Staff had completed surveys about the service, five staff had responded and provided positive feedback.

Continuous learning and improving care

- The provider and management team completed regular checks and audits of the service and action had been taken to address any shortfalls found. These included checks of the environment, health and safety, moving and handling, infection control, medicines, care plans and daily records.
- The management team had developed a clear service development plan to continue to update and amend the service to respond to people's changing needs and keep up with good practice guidance.
- Records of people's care were detailed and up to date.
- The management team kept up to date with best practice and developments. The provider shared information with managers across the organisation through a weekly communication bulletin and the registered manager attended a monthly management meeting with other registered managers in the area. This kept them up to date with good practice, changes and local and national hot topics. The management team also utilised tools available through Skills for Care and BILD (British Institute for Learning Disabilities). Skills for Care supports adult social care employers to deliver what the people they support need and supports managers to develop best practice, keep up-to-date and share ideas with like-minded managers.
- The registered manager was aware of local registered manager forums run by support organisations and the local authority. They were planning to start attending these to widen their support networks.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent care and treatment. This included nurses, specialists, community learning disability teams and the local authority.
- The service worked in partnership with people and their relatives to ensure people's needs were well met.

