

United Response

United Response - 73 Elmers Green

Inspection report

73 Elmers Green
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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

This inspection took place on 30 November 2017 and was unannounced. United response 73 Elmers Green is registered to provide accommodation and personal care for up to four people living with a learning disability or autistic spectrum disorder. At the time of our inspection three people were receiving care from the service.

The registered manager had left their position and was no longer working for the service. There was a new home manager who was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 31 October 2016, we asked the provider to take action to make improvements in relation to the safe management of medicines, risk management, audits and quality monitoring, this action has been completed.

Relatives we spoke with told us their family members were safe in the home. Records relating to safeguarding investigations were in place and demonstrated the actions taken as a response to any allegations.

Medicines were stored, administered and handled safely. Staff had completed medicines training and competency checks that demonstrated they had the knowledge and skills to administer medicines safely.

Risks had been assessed and measures were in place to ensure people were cared for safely.

Appropriate staffing levels were in place that ensured people received suitable and timely care. Staff told us and records confirmed relevant training had been completed. Safe recruitment procedures had been followed to ensure only staff suitable for their role were employed to work with this vulnerable client group.

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. Capacity assessments had been completed and relevant deprivation of liberty applications had been submitted to the assessing authority.

Choices of meals were seen. People were supported to be involved in decisions relating to the meals on offer.

Relatives told us they were happy with the care people received. We saw staff interacting well with people and it was clear people were treated with dignity and respect. Measures to ensure people were supported

with their individual communication needs was recorded in their care files.

Care files were detailed and comprehensive and provided information about how to support people's individual needs. Systems were in place to support people's end of life needs, if it was required.

There was a variety of activities available for people to take part in. We observed activities taking place during our inspection.

Systems to deal with complaints were in place. Policies and procedures were available to guide staff about how to deal with complaints.

We received positive feedback about the improvements that had been made since the new home manager started at the service. Team meetings were regular and minutes confirmed the topics discussed as part of the meetings.

Regular audits and quality monitoring were taking place. This ensured the home was safe for people to live in.

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.

Relatives we spoke with told us their family members were safe and well cared for in the home. Staff had completed safeguarding training that ensured they had the knowledge and skills to deal with allegations of abuse.

Medicines were stored, administered and handled safely.

Risks had been assessed and measures were in place to ensure people were cared for safely.

Is the service effective?

Good ●

The service was effective.

Records we looked at confirmed people or their representatives had been involved in decisions about the care they received.

People received food and fluids in line with their likes, choices and individual needs.

Staff told us and records confirmed they had undertaken training that was relevant to their role.

Is the service caring?

Good ●

The service was caring.

Relatives told us they were happy with the care people received. Positive and meaningful interactions were seen taking place between staff and people who used the service.

People were treated with dignity and respect.

Measures to ensure people were supported with their individual communication needs were recorded in care files.

Is the service responsive?

Good ●

The service was responsive.

Care files were detailed and comprehensive and provided information about how to support people's individual needs.

We observed activities taking place during our inspection and it was clear people thoroughly enjoyed the activities they were undertaking.

Systems to deal with complaints were in place. Policies and procedures were available to guide staff about how to deal with complaints.

Is the service well-led?

The service was well-led.

We received positive feedback about the improvements that had been made since the new home manager had commenced their role.

People were complimentary about the home manager and the support they received.

Regular audits and quality monitoring systems were in place. This helped to ensure the home was safe for people to live in.

Good ●

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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.

The inspection took place on 30 November 2017 and was unannounced. Our inspection was carried out by two adult social care inspectors. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and well-led to at least good. During this inspection we found improvements had been made to the safe management of medicines, risk management and audits and quality monitoring of the service. The actions had been completed and therefore the service was meeting the requirements of the current regulation.

United response 73 Elmers Green is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The care home provides support for up to four people in a single level building. All bedrooms were of single occupancy, one of these had ensuite facilities. Access to public areas included a lounge, kitchen and a sensory room.

During our inspection we undertook a number of different methods to identify the experiences of people who used the service. As people were unable to verbally communicate with us we undertook some observations and spoke with three family members. We also spoke with two staff members and the home

manager.

As part of our inspection we looked at a number of different records relating to the management of the service. This included two care files, medication records, two staff files, audits and quality monitoring, team meeting minutes and duty rotas. We also checked the action plan the provider had sent to us following our last inspection. This was to check what measures they had taken to ensure the breaches of regulation were met.

Prior to our inspection we checked the information we held about the service. This included any feedback, compliments or notifications the service is required to send to us by law. As part of the inspection process we asked the service to send us a Provider Information Return (PIR). Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Is the service safe?

Our findings

We were unable to ask people who used the service about whether they felt safe, because of their limited ability to communicate with us. We received positive feedback from family members about whether people were safe being cared for by the service. Relatives told us, "[Name] is definitely safe at Elmer's Green" and "[Name] is definitely safe yes."

At our last inspection we identified some concerns in relation to the safe management of medicines. As a result we asked the provider to send us an action plan to demonstrate the improvements they planned to make. The home manager told us they had undertaken a review of the action plan and as a result of lessons learned changes were implemented to ensure medicines were managed safely. During this inspection we found improvements had been made and therefore the requirements of the regulation were being met.

We observed medicines administered safely to people. Were people required their medicines to be administered in a particular way agreements had been completed with people's general practitioners. Appropriate checks were in place and Medication Administration Records (MARs) had been completed. Records included stock balances, which would identify where levels of medicines were low. These would be ordered promptly to ensure people received their medicines as prescribed and promoted positive health outcomes.

Where some gaps had been identified in relation to the administration of creams, the home manager gave us assurances that these would be investigated and acted upon to ensure people had received these as prescribed. We saw safe storage of medicines had been implemented since our last inspection. Medicines were stored securely in the office in a lockable cupboard. Temperatures were checked regularly, this ensured medicines were being stored safely and in line with recommended national guidance. Staff told us and records confirmed that relevant medicines training and competency checks on their knowledge and skills to administer medicines to people safely had been completed.

At our last inspection we saw people who used the service were not protected against risks safely. We asked the provider to send us an action plan to confirm what actions they planned to take to ensure the regulation was being met. During this inspection we saw that improvements had been made and evidence we saw confirmed actions were taken and lessons were learned to make improvements to the care people received. Therefore, the requirements of the regulation were being met.

We looked at risk assessments in relation to the environment that would ensure the home was safe for people to live in. Risks in relation to the environment had been identified and included; vehicles, equipment, fire and infection control. Completed personal risk assessments were seen, which highlighted the appropriate measures to take to ensure people were supported in positive risk taking. Areas covered included, food, choking, bathing, hot water, the environment, cooking, security, medication and activities. We also saw the home had undertaken risk assessments to keep staff safe in their working day. These included lone working and stress.

Systems to monitor, investigate and act on incidents and accidents were seen. Information included the incident as well as the actions taken as a result of the incident. Records confirmed any incidents and accidents were reviewed as part of the regular quality checks taking place in the home. The home manager told us about how they ensured lessons were learned as a result of incidents or accidents. Reviews of incidents were completed by the home manager and regional manager. This included any actions going forward to ensure any future risks were reduced.

Regular checks on the environment and equipment was seen. This included vehicles, fridge and freezers, lighting, water, thermostatic radiator valves and hazards. Essential checks such as gas safety, electrical safety and portable appliance testing had been completed. This would ensure the home was monitored, checked and safe for people to live in. Emergency plans were in place to ensure staff understood the procedure to take to deal with an emergency to protect people who used the service.

Records confirmed fire risk assessments had been undertaken and regular and relevant checks had been completed in relation to fire equipment. Fire alarm testing had been completed weekly. We observed staff checking the fire system during our visit. This ensured the home was safe and monitored regularly. All the people who used the service had evidence of Personal Emergency Evacuation Plans (PEEPs). This provided important information to support them in the event of an emergency that required an evacuation of the building.

During our walk around of the building we saw an ongoing refurbishment programme was taking place. Decorating had been completed in the proposed new sensory room. The home manager told us and records we looked at confirmed that plans were in place to ensure updates in relation to the home were completed.

There was a comprehensive and detailed infection control file that provided staff with information to ensure people who used the service were protected from the risks of infection. Risk assessments had been completed and staff signatures confirmed they had read these. Appropriate policies and procedures provided up to date knowledge about infection control and how to protect people. Records confirmed regular cleaning was completed in the home and there was guidance for staff to follow about how to ensure the home was safe and clean for people to live in. This included internal, local and national guidance, such as the Lancashire County Council outbreak management guidance.

Staff records confirmed they had undertaken the relevant infection control training. We saw evidence of knowledge checks completed with staff. This would ensure staff understood their responsibilities in relation to infection prevention and control. We saw staff using Personal Protective Equipment (PPE) appropriately during our inspection. Staff had access to plenty of PPE supplies in the home. Hand washing advice was on display and paper towels and liquid soap was available where sinks were seen.

Staff we spoke with demonstrated their understanding of how to protect people from abuse. One staff member told us they would not hesitate to report bad practice or any concerns about someone being possibly abused. Staff said and records confirmed the appropriate training had been completed. This would ensure staff had the required knowledge and skills to deal with any allegations of abuse. There was a system in place that demonstrated any allegations of abuse would be dealt with appropriately. Up to date guidance was on display to guide staff about how to deal with any allegations. Records we looked at confirmed any investigations that had been completed as well as the actions taken as a response to allegations to keep people safe.

Relatives of people who used the service told us they had no concerns regarding the staffing in the home. One of them said, "I am very happy with the staff. They are lovely." We saw appropriate numbers of staff in

place during our inspection to ensure people's individual needs had been met. Staff we spoke with raised no concerns and were happy working in the home. One staff member said, "We are in the process of getting more hours to undertake more activities for people. It is a good team, with consistent staff."

We saw duty rotas identified the staffing allocation for each shift. Where changes were required to cover sickness or holidays alternative staff had been allocated to the shift. This ensured people received the right support to meet their needs when they choose. We discussed the use of agency staff. The home manager told us the use of agency staff was kept to a minimum. However, where required regular staff were requested to ensure a consistent approach was maintained for people.

Safe recruitment procedures were in place. This would ensure only people suitable to work with vulnerable adults were employed by the service. Evidence of completed application forms were seen along with interviews notes and references from previous roles. There were records that confirmed people's identity as well as Disclosure and Barring Service (DBS) checks. The DBS helped employers make safer recruitment decisions and helped prevent unsuitable people from working with those who used care and support services.

Is the service effective?

Our findings

We were unable to ask people who used the service about the knowledge and skills of the staff because of their limited ability to communicate with us. However, we received positive feedback about the knowledge and skills of the staff team from family members. They told us, "[Name] receives excellent care and support." It was clear from our observations that staff understood their role and supported people with their individual needs appropriately.

There was a comprehensive and detailed training programme in place that supported the knowledge and skills of the staff. Staff told us they had undertaken training relevant to their role. They said, "I am up to date with my training. I am going through a management course at the moment" and "Training is a mix of E-learning and face to face." Staff files confirmed the topics staff had undertaken to ensure they had the required skills to deliver effective care to people. Topics included emergency first aid at work, dysphagia awareness, safeguarding, child protection, epilepsy awareness, equality and diversity and fire safety. Records we looked at also confirmed all staff had completed the care certificate as part of their role. The care certificate is a set of standards that health and social care workers stick to in their daily working life. A training matrix had been developed by the home manager that identified the dates training was planned for staff, as well as when these had been completed. This would ensure all staff had the required skills to meet people's individual needs.

Staff told us they had, 'Regular supervisions.' Records we saw confirmed regular supervisions and annual appraisals were undertaken. This supported staff development, training needs and their welfare. There was evidence of a comprehensive induction programme in place that supported staff development on commencement of their role. Records had been signed by staff to confirm they had completed their induction programme.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection 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.

Records we looked at confirmed relevant capacity assessments and best interest decisions had been completed. Documentation identified DoLS applications had been made to the relevant assessing authorities. This would ensure people were protected from unlawful restrictions.

During our inspection we observed staff asking people for their permission before undertaking any activity or tasks with them. Before staff entered people's bedrooms or bathrooms we observed them knocking on doors.

Records included evidence to confirm consent had been obtained in relation to the care and support provided to people. Care files we looked at had clear information about people's decisions and how best to support these. Records were individualised and reflected people's needs and provided staff with guidance about how to deliver the care people had agreed to. Relatives we spoke with confirmed they had been involved in care planning and decisions about people's care.

It was clear that where required relevant professionals were involved in the health and care of people who used the service. Hospital passports had been developed. These provided important information about people's individual needs if they were admitted to hospital. All records we looked at confirmed people had been registered with a General Practitioner. This would ensure people had access to health reviews where they had any changes in their condition.

There was evidence of support plans in place that identified people's individual needs in relation to their health. This would promote positive health outcomes for people who used the service. Where reviews by health professionals were required we saw evidence that confirmed people were supported to access these. Professionals included; GP, Speech and Language Therapy, opticians, and dentists.

We looked at how people were supported with their food and fluids. We saw menus had been developed in line with people's choices, likes and needs. Staff told us, records confirmed and we observed people who used the service undertaking shopping visits for the food they ate. It was clear from our observations that people thoroughly enjoyed the involvement they had in shopping for the home.

Food was prepared by the staff team and where appropriate people who used the service. Staff told us and training records confirmed they had undertaken training in basic food hygiene. This would ensure food was prepared and delivered safely to people. We observed people being supported with their meals during the inspection. Meals were provided according to their likes and choices and in line with guidance from professionals where it was required.

Where people had been assessed by professionals in relation to their nutritional support we saw relevant assessments had been completed. These included care planning, risk assessments and guidance to support the safe delivery of people's meals. Records had been completed to confirm when people had been given fluids which included prescribed medicines to ensure these had been provided safely.

During our tour of the building we saw the home supported people's individual needs. The home was on one level and all people had their own bedroom, one of which had ensuite shower facilities. Public areas of the home included a lounge and kitchen. We saw another room had been recently decorated. The home manager told us they were planning to develop this into a sensory room and the existing sensory room would be used as an activity room for people to access.

Is the service caring?

Our findings

We were unable to ask people who used the service about the care they received in the home because of their limited ability to communicate with us. However, it was clear from our observations that people were happy with the care staff provided them with. Relatives we spoke with were very happy with the care their family member received. They told us, "I am ecstatic; [name] receives excellent care and support."

Throughout our inspection we observed kind, caring and positive interactions taking place between people and staff. It was clear that staff understood people's individual needs well and people were comfortable in their company. We saw staff took pride in ensuring people were supported to be well groomed. Clothes people were wearing were clean and looked well maintained. People's hair and nails had been well kept.

Records demonstrated how the service ensured people's equality, diversity and human rights were supported. Care files contained detailed information in them about how to communicate with people effectively. Where people were unable to understand the spoken word alternative forms of communication were utilised. Examples were sign language, pictorial information and body language. Care records also included information about how ensure people had access aids that supported their individual communication needs. These included glasses and hearing aids. During our inspection we observed people were supported in communicating with staff their decisions. Policies, training and guidance was available, which provided staff with the knowledge to understand how to ensure people's equality, diversity and human rights were protected.

Information relating to advocacy services was on display to guide staff on the service and how it supported important decisions for people on their behalf. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Records we looked at confirmed the involvement of people and their relatives in the development of their care files. Topics included; how best to support people, their likes, dislikes and what is important to them. This would ensure staff had the guidance to ensure people received individualised care.

Throughout our inspection we observed people were treated with compassion, dignity and respect by the staff team. Staff were seen knocking on bedroom doors before entering. Where personal care was required we saw staff undertook this at people's own pace and in the privacy of their own bedrooms or bathrooms. This ensured people's privacy and dignity was maintained.

During our observations we saw staff supporting people to maintain their independence. Day to day activities were undertaken with people. These included small household tasks, involvement in personal care, meal time support and shopping at the local supermarket. Care files provided information about how people could be supported to engage in day to day household tasks and activities to feel involved in how they spent their day.

Relatives we spoke with told they were supported to visit the service when they wanted. It was clear from

our discussions with the home manager that maintaining relationship for people with their family members was an important aspect of the care they delivered. They told us of an example where one person was supported by staff to visit a relative who did not live in the area. A relative we spoke with confirmed this. They said, "The staff bring [name] home at the weekend and we bring him back, which is a help."

Is the service responsive?

Our findings

We were unable to ask people who used the service about whether they had been involved in the development of their care records because of their limited ability to communicate with us.

The care files we looked at were very detailed and provided information in them to guide staff about people's individual needs. Relatives told us and the care files we looked at confirmed they had been involved in the development of care plans. This ensured people were supported to make decisions about the care they received.

Initial assessments of needs had been completed. This provided important information about whether people's individual needs could be met in the home. A comprehensive assessment of people's individual needs was in place. This included information relating to people's physical social and emotional needs. Support plans had very detailed information about how to support people according to their needs, wishes and choices. Examples seen were; long term health care needs mobility, communication, personal care and nutritional support. We saw evidence of the involvement of health professionals in people's health reviews and monitoring. These included GP, speech and language therapy, dentist and opticians.

One page profiles had been completed and provided staff with detailed information about, 'what people like and admire about me, what's important to me, how to support me and a good and bad day.' Records included information about the measures staff could take to ensure people's needs were met. Separate daily records were completed and contained information in them about the care people received, their food and fluid intake, continence needs and behaviour records.

Risk assessments were very detailed and person centred about how to ensure people were supported with positive risk taking. Areas covered included the environment, bathing, cooking, choking, food, going out and challenging behaviours. Evidence of regular reviews were seen that reflected people's up to date and current needs. This would support the delivery of people's care that was up to date and relevant to their individual needs.

We looked at the arrangements in place that would support people at the end of their life. Whilst no one was received end of life support care files reflected what people's wishes were in relation to end of life.

We saw a range of activities taking place with people who used the service. It was clear staff understood people's like and choices and tailored the day to meet their needs. Records completed confirmed what activities were provided to people. We observed a number of activities taking place during our inspection. One person was seen using an outside swing, others went for a walk in the local community and another person was supported by staff to go out for lunch. Staff told us people were able to access a wide variety of activities as part of their daily routine. These included, swimming, hydrotherapy, visits to a sensory zone, meals out and wheels for all. Relatives were positive about the range of activities on offer for people who used the service. Comments included; "Activities have improved greatly. [Name] gets out and about more now."

Staff were proactive in ensuring people were supported with their communication needs no matter what their individual needs were. Staff were seen speaking at eye level with people, using both body language and sign language where appropriate. Care files had clear guidance about people's alternative ways of communicating. Care files contained easy read format and pictorial information as well as pictures of sign language to guide staff about how to communicate effectively where the written word was not people's first method of communicating. This enabled people to be involved in decisions and allowed them to express their views and choices about the care they received.

Computers were available at the service for staff and people who used the service to access when they wished. We saw audits had been completed using computer recording. Staff had access to online resources to access information that supported the delivery of good care to people. We saw information about specific conditions and guidance had been accessed using online technology. This provided staff with specific knowledge of individual conditions relevant to people who used the service.

Systems to deal with complaints were seen. Policies and procedures were in place that guided people who used the service, relatives and staff about complaints. Whilst no complaints had been received we saw records to enable any complaints to be recorded. There was also a complaint log in place that would support monitoring and audits of any complaints received by the home.

We saw positive feedback about the service and the care people received. Examples seen were, "I would like to thank you all for looking after [name] when he was ill and in hospital. It honestly means the world to me and [name] to trust people and to know he is well looked after." Relatives we spoke with told us they had, 'no complaints since [home manager] started.'

Is the service well-led?

Our findings

We received very positive feedback about the leadership and management of the service and the improvements that had been made since the new home manager had started at the service. Relatives told us, "[Name] has done more in his short time than has been done in 30 years" and "There is a massive difference since [home manager] has started. There is a big improvement in communication; [name] is doing a fantastic job."

At our last inspection we saw that the processes used to monitor the service had not been effective in ensuring the quality and safety of the service provided to people. We asked the provider to send us an action plan to tell us what improvements they would make. During this inspection we found improvements had been made and therefore the service was meeting the requirements of the regulation.

During this inspection we saw that a variety of regular audits and quality monitoring were taking place in the home. Examples of audits completed included finances, one to one supervisions, health and safety, employment, equipment, care planning and use of agency staff. Where records had been completed we saw notes of actions taken as a result of these. The home manager told us the regional management team were provided with the results of the audits. This would ensure senior manager maintained oversight of the home and ensured improvements to the service was monitored and reviewed. The home manager told us they had recently introduced a manager's forum (meeting) where good practice was discussed. This would support improvements in services for the benefit of people receiving care and support.

At the time of our inspection the registered manager was no longer working at the home. There was a new home manager in place who was in the process of registering with the Care Quality Commission. The home manager was visible and active within the home and understood the operation and management of the service. It was clear they were committed to making improvements in the home, sharing good practice and had information that supported the positive changes planned. This would support and promote positive outcomes for people who used the service.

We received positive feedback from the staff we spoke with about the management of the home and the openness and availability of the home manager. Comments included, "[Home manager] has been here since [date]. Things have settled down since the new manager has started" and "I am enjoying it here. [Name] is always visible you can usually call him if he is not here. He is really good I feel well supported."

Staff told us and records confirmed regular team meetings were taking place. Records we looked at confirmed the dates of the meetings as well as the staff attendees. Topics covered in the meetings included; revisiting actions from the last meeting, service manager updates, staff briefings, training, health and safety fire, incident reporting, activities documentation and duty rotas. Records clearly identified the actions to be taken as a result of the meetings as well as who was responsible for their completion, This would ensure any actions as a result of meetings could be monitored to ensure these had been completed.

We discussed whether surveys had been received from families of people who used the service. Whilst they

told us surveys had not been distributed since 2014 new ones had been sent to all relatives immediately following our inspection. However, relatives we spoke with told us the staff had met and discussed the home and the changes they planned to make. One person said, "I met with [home manager] two weeks ago. He is putting things in place to improve things." It was clear the views of people in the way they received their care was sought. Throughout our inspection we saw staff discussing all aspects of people's care with them, ensuring they agreed day to day decisions in relation to their care and how they spent their day.

Policies and procedures were in place and had been reviewed. These supported and guided staff to ensure they provided a consistent delivery of care to people. Relevant statutory notifications had been submitted to the Care Quality Commission. Statutory notifications are information providers are required to send to us by law. The home manager understood their responsibilities in relation to reporting any incidents or concerns to the relevant authorities where it was required. This demonstrated an open and transparent culture. Relevant certificates were on display in the home. This included certificates of registration as well as the ratings from the last inspection.

The home manager demonstrated their commitment to links within the community that benefited people who used the service and promoted positive outcomes for them. These included the housing and support alliance and the driving up quality code. The statement of purpose demonstrated the provider's commitment to ensuring people were supported and encouraged to access the wider community. It stated, 'The staff team encourage people we support to take part in leisure based activities and to access local amenities, these are tailored to individual needs. Support is provided in all daily living and individuals are encouraged to actively be involved within their own home and the wider community.'