

Royal Mencap Society

Dolphin Court

Inspection report

9 Bulbeck Road
Havant
Hampshire
PO9 1HN

Tel: 02392451093
Website: www.mencap.org.uk

Date of inspection visit:
23 November 2015
24 November 2015

Date of publication:
12 January 2016

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 23 and 24 November 2015 and was unannounced.

Dolphin Court is registered to offer support and accommodation for up to 15 people with learning disabilities. On the days of our visit there were 14 people living at the home. Care was provided in three adjoining houses and three separate flats above the houses. The flats are for single occupancy and had their own entrances. Three flats were occupied and 11 people lived in three houses.

There was a registered manager in place. 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. There was a registered manager with overall responsibility for Dolphin Court, and an assistant manager for each of the three houses and flats and they are line managed by the registered manager.

We carried out a comprehensive inspection of this service in December 2014 and found the provider was not meeting the legal requirements in relation to standards of care and welfare for people who use the service. Staff were not consistently aware of safeguarding procedures, and not all incidents had been reported appropriately. There were not always enough staff to ensure the needs of people could be met at all times. Risk assessments did not always identify the risk and the support that people required and some care plans had not been updated to reflect changes in people's needs. The service was not always well led; staff did not always know who was in charge. We asked the service to submit an action plan telling us when they would be compliant and this was received.

At this inspection, we found the provider had made improvements to how the service was run. The service had robust systems in place to maintain people's safety at all times. For example risk assessments were carried out to identify and minimise both known and unknown risks to people.

Staff had comprehensive knowledge of their responsibilities in relation to safeguarding people from abuse. Staff were aware of the differing types of abuse and how these may present, who to inform of suspected abuse and how to maintain people's confidentiality.

The service was aware of and met the legal obligations around the Mental capacity Act and deprivation of liberty safeguards.

Staff underwent a comprehensive induction period and ongoing training which enabled them to effectively support people in their care.

Staff were able to identify their own training needs and request additional training if needed.

Medicines were administered, recorded and stored in line with company policy and good practice. Staff

were aware of the importance of medicines management and showed good knowledge of the medicines they administered and their purpose.

The service operated a person centred approach to the delivery of care which meant that care was tailored to the individual's needs. People were encouraged to be involved in decisions about their care where appropriate.

Family members, healthcare professionals and advocates contributed to people's care plans and risk assessments.

Staff treated people with dignity and respect at all times. Staff had significant knowledge of the people they supported and were observed encouraging people to express their needs in a positive and inclusive manner.

The service had a warm and welcoming atmosphere where people were encouraged to share their views and opinions. Throughout the inspection staff were observed interacting with people in a professional and warm manner.

The service had adequate numbers of staff at all time to ensure people's needs were met.

People were supported to access external health care professionals to ensure their health and wellbeing was monitored and maintained.

The registered provider had supported the registered manager and their staff with additional resources to improve the management, staffing, care planning and quality assurance systems at the home. Relatives and staff felt positive in the recent changes in the service

At this inspection we found the registered provider and manager had met all of the requirements of the Regulations to meet the fundamental standards.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People were protected against risks to their health and wellbeing, including the risks of abuse and avoidable harm.

There were sufficient numbers of suitable staff to support people safely and meet their needs.

People were protected against risks associated with the management of medicines. They received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills needed to carry out their responsibilities.

Staff obtained people's consent to their care and treatment. They followed legal guidelines to make informed decisions in people's best interests where people lacked capacity to make certain decisions themselves.

People were supported to have a balanced diet. Their health and welfare was maintained by access to the healthcare services they needed.

Is the service caring?

Good ●

The service was caring.

People had positive relationships with the staff who supported them.

People were able to make their views and preferences known. They were encouraged to take part in reviews of their care.

People's independence, privacy and dignity were respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

Staff delivered care, support and treatment that met people's needs, took into account their preferences, and was in line with people's assessments and care plans.

People were able to take part in individual and group activities that took into account their interests and choices.

A procedure was in place to manage complaints, but people told us they had not had reason to raise concerns about the home.

Is the service well-led?

Good ●

The service was well led.

The providers' values were clear and understood by staff. The management team adopted an open and inclusive style of leadership.

People, their representatives and staff had the opportunity to become involved in developing the service.

Systems were in place to monitor, assess and improve the quality of a wide range of service components. These included regular audits and unannounced spot checks by the provider.

The manager understood the responsibilities of their role and notified the Care Quality Commission (CQC) of significant events regarding people using the service.

There was a friendly, homely and professional atmosphere in the home, which was appreciated by people and staff.

Management of the service was effective and organised.

Dolphin Court

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 23 & 24 November 2015 and was unannounced. The inspector carrying out this inspection had experience in mental health and learning disability services.

Before the inspection we reviewed information we had about the service, including previous inspection reports, improvement plans and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider gave us additional information on the day of the inspection.

We spoke with or observed care and support given to most of the people who lived at the home. We spoke with the provider's regional manager, registered manager, operations manager, a practice leader and two team members from the provider's quality team. There were 36 support staff employed to work at the home, of whom we spoke with eight. We spoke with the families of three people who live at the home.

We looked at the care plans and associated records for four people. We reviewed other records, including the provider's policies and procedures, emergency plans, internal and external checks and audits, staff training, staff appraisal and supervision records, staff rotas, and recruitment records for 12 members of staff.

Is the service safe?

Our findings

We observed those people who were unable to tell us verbally about their experiences and they demonstrated that they felt safe, through their interactions with the staff and their willingness to engage with us as visitors. We saw one person experiencing a seizure; staff remained calm, ensured the person's safety and were confident in what they were doing. This included timing the seizure, lowering the seat the person was in, talking with them gently and letting them know they were safe.

At our inspection in December 2014 we found the provider had not safeguarded the health, safety and welfare of people living in the home by ensuring that there were sufficient numbers of suitably qualified, skilled and experienced staff to meet the needs of people. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan saying they would be compliant with this regulation by June 2015. At this inspection we found the provider had made significant improvements in this area.

The recruitment process ensured that new staff were of good character and suitable to carry out the role. Disclosure and Barring Service (DBS) checks were completed on all of the staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We looked at 12 recruitment files which had a full employment history, references, copies of the questions asked at interview and tests that were undertaken at interview. On the first day of our visit an interview was taking place and one person living at the home was taking part in the interview. They were asked afterwards by the registered manager, what they thought of the person and they said "Not for me but they will be okay for someone else".

We looked at the rotas for the staffing at the home. We had seen from care plans that some people had been assessed as needing one to one care and in one case two to one care. The rotas indicated that needs were met and dedicated teams of people helped to support those that needed extra care to enable them to participate in life in the home and in the community. Staff we spoke with said that there were enough staff available. Sometimes they swapped between the houses especially if no one on duty in a house could drive the service's bus or in two cases the person's car. This helped to ensure that there were always appropriate numbers of staff in the home. We saw that agency staff also had to undertake a 'shadow' shift if they had been asked to cover a shift. They did this in the house they were to work in. On the second day of our visit an agency member of staff arrived for a late shift to shadow staff, they were due to work at the house the next day. The manager also told us that the provider had recruited staff to an internal relief staff list and they requested extra staffing from that list first before asking an agency.

There were systems in place to protect people from risks, for example one member of staff had the role to test fire alarms weekly, check first aid boxes and people's personal electrical equipment. There was also a fire safety plan for the home and individual personal evacuation plans. Staff were aware of the plan and were able to tell us the action they would take to protect people if the fire alarm went off. There were also monthly checks on hot and cold water.

Care plans showed that staff had identified and assessed the risks for each individual; these were recorded along with actions identified to mitigate those risks. They were written in enough detail to provide the information staff required to protect people from harm whilst promoting their independence. For example one person had a condition which meant they were at risk of eating inappropriate items. We saw that they were protected by cupboard doors being locked. Staff told us that the other people in that house would indicate their needs by standing in the kitchen and staff offering them choices or pointing to the cupboard for something they wanted like a drink or snack. We saw one person go into the kitchen and indicate they wanted a drink.

Where an incident or accident had occurred, there was a clear record of this and an analysis of how the event had occurred and what action could be taken to prevent a recurrence. For example we saw that a few people had been identified with a choking risk, we saw that referrals had been made to the speech and language therapists and that information from those assessments had been incorporated into individual care plans.

At our inspection in December 2014 we found people did not have relevant risk assessments to ensure they were protected from harm and not all safeguarding incidents were reported.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan saying they would be compliant with this regulation by June 2015. At this inspection we found the provider had made significant improvements in this area.

Staff had the knowledge necessary to enable them to respond appropriately to concerns about people. All staff and the manager had received safeguarding training and knew what they would do if concerns were raised or observed in line with the providers' policy.

Storage arrangements for medicines were secure. The home had a policy and procedure for the receipt, storage and administration of medicines. Staff supported people to take their medicines and these had been administered as prescribed. Two members of staff were involved in the administration of medicines. One person acted as an observer to help ensure safe practice.

Medicines Administration Records (MAR) were up to date with no unexplained gaps or errors. People were prescribed when required (PRN) medicines and there were protocols for their use. MARs showed the dosage given and time they were administered. Protocols for the use of PRN medicines were in place to guide staff on when these medicines may be required. For example where one person was prescribed PRN medicines to help with their seizures, there was a clear flow chart in place about when to consider administering medicines.

All staff said they had completed training in the safe administration of medicines and said they were not able to administer medicines until this had been completed and they had been confirmed as competent by the registered manager or assistant manager. They said this training was updated annually. Staff were able to describe what they would do in the event of a medicines error and told us these were always investigated and action taken by the provider. Records showed that any issues with medicines were recorded as an incident and if needed a formal conversation would take place between the member of staff and their line manager, and be recorded on a form related to medicine incidents as stated in the provider's medicines policy.

Accidents and incidents were recorded in a way that allowed staff to identify patterns. These were available for the manager and senior managers to monitor and review to ensure appropriate management plans were

put in place.

Is the service effective?

Our findings

People were supported by competent and trained staff. Staff told us they underwent rigorous induction training prior to working independently within the service. The provider assessed staff competency at undertaking certain tasks for example, engaging with people, understanding the fire procedure, using the kitchen facilities and reporting incidents. One member of staff said, "The induction programme is very thorough and they [manager] make sure you know what you are doing. We have a skill and knowledge test six weeks after starting work and two weeks after our induction to see if we have retained the information from the training and are putting it into practice".

At our inspection in December 2014 we found the registered provider had not taken steps to provide appropriate and coordinated care of people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to a breach in Regulation 9 of the Health and Social Care Act (Regulated Activities) 2014. The provider sent us an action plan saying they would be compliant with this regulation by 1 November 2015. At this inspection we found the provider had made significant improvements in this area.

People were supported by staff who reflected on their working practices to improve their performance. Staff received ongoing supervision and were given the opportunity to have time with their line manager to discuss all aspects of their role. We looked at staff files and found that staff were able to direct the supervision covering topics where they felt they either required additional support or areas they wished to discuss. One member of staff we spoke with told us, "The supervision is helpful, but I can talk to my manager at any time if I have concerns, I do not have to wait for my one to one."

Staff said they felt supported by the management and senior staff. One member of staff said "staff are really supportive". Another said "there is a great circle of support, I love it here". There was an open door policy and staff felt they could raise any concerns straight away.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were not deprived of their liberty unlawfully. One person told us, "I can go out if I want to, sometimes [name] comes with me or I go on my own". Where people lacked the mental capacity to make decisions the

home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. All staff had completed training on the MCA and Deprivation of Liberty Safeguards (DoLS) and were able to tell us how people were supported to make decisions. Legal processes had been followed to ensure the appropriate people were involved in making decisions about people's care and welfare. There were applications or completed assessments under DoLS in the care plans we looked at. The registered manager understood when an application should be made and how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. Staff promoted decision making and respected people's choices. People's consent to aspects of their care had been recorded in their care plans.

People were supported to make choices and give consent in a way they understood. Staff told us, "We seek people's consent by asking them what they want, not what we want them to do". We observed staff seeking people's consent with regards to personal care, medicine administration, activities and meals. Staff used differing techniques to obtain people's consent, for example, one person who did not verbally communicate was shown objects as a reference to choose from.

Staff were able to effectively communicate with people at all times. We observed staff interacting with people using different communication styles, for example staff used not only verbal communication but also their body language to communicate. Staff were observed sharing information in a manner that the person preferred which was carefully detailed in their care plans.

Staff encouraged people to maintain a healthy diet and supported them to make healthy choices in regards to food and drink. People could access the kitchen in their flat or in the houses with support from staff to choose something to eat. Drinks and snacks were available at all times for people. We saw one person assisting staff stirring the sauce for the evening meal. Staff had a clear understanding of the importance of supporting people to maintain a healthy diet.

Support plans were also available in an easy to read format. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests. These were updated yearly in a review of people's care needs or as needed if a new situation arose. One relative told us "I am involved in the care plans and I am always told of changes".

People had good access to a range of health support services. Care planning records covered the person's physical health and mental welfare. The health plans identified if a person needed support in a particular area. Some people required specific healthcare support and there was evidence this was provided. The registered manager told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant the person received consistent care from all the health and social care professionals involved in their care. A few people received ongoing support from the speech and language therapist, others had support from psychiatrists and learning disability nurses to help them manage their reactions to needs and aspirations.

Is the service caring?

Our findings

All the people at the home were using day services, or involved in other activities inside and outside of the home or accessing the community. We spent some time in each house in the communal areas observing interactions between staff and people. Staff were respectful and spoke to people with consideration.

We saw people were provided with the choice of spending time on their own or in the lounge and dining areas. We saw relationships between people were relaxed and friendly and there were open conversations and laughter. We were able to join in with one person "making rain" with balls from a ball pool and then playing the game of throwing them back and naming the colours. Another person was able to tell us about their favourite television programmes and they accessed the main office computer to show us clips, which they then acted out.

Staff treated people affectionately and recognised and valued them as individuals. During conversations with people, staff spoke respectfully and in a friendly way. They chose words that people would understand or used the method of communication needed by that person and took time to listen. One relative told us that they are "like a family and they have been together a long time, [name] receives good care and is safe".

Staff were aware of things that may affect an individual's well-being. For example for one person staff knew that Mondays were often not a good day as they had been to their parent's home for the weekend and the transition back to the service may be difficult. Tuesday could be difficult as the person received a phone call from a member of their family. Staff awareness of these issues meant they could help the person manage the day through lessening their anxiety through distraction, which lessened the impact of these issues where possible.

Daily records were maintained and demonstrated how people were being supported and cared for. The records told staff what people had eaten and drunk the previous meal, how their mood was, any activities they participated in and if they enjoyed them. There were also records to monitor people's physical wellbeing such as body maps where staff were able to record any bruises or marks that had appeared throughout the day. The records communicated any issues which might affect people's care and wellbeing. The staff told us this system made sure they were up to date with any information affecting a person's care and support.

People's bedrooms were individualised and reflected people's preferences. People were able to choose the colour of their rooms and decide how their rooms were decorated. The bedrooms were personalised with photographs, pictures and other possessions of the person's choosing.

Is the service responsive?

Our findings

The service focussed on the importance of supporting people to develop and maintain their independence. People were supported to maintain relationships with their friends and where possible family members. For example most people visited relatives for weekend breaks or special occasions.

At our inspection in December 2014 we found the registered provider had not taken steps to provide appropriate and coordinated care of people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to a breach in Regulation 9 of the Health and Social Care Act (Regulated Activities) 2014. The provider sent us an action plan saying they would be compliant with this regulation by 1 November 2015. At this inspection we found the provider had made significant improvements in this area.

Care plans had recently been reviewed and updated. They were structured and detailed the support people required. The care plans were person centred identifying what support people required and how they would like this to be provided. During the inspection visit we witnessed staff asking people what they wanted to do and how they wished to spend their time. One person was supported to go trampolining, others liked to go for a drive. For one person they isolated themselves in their room at mealtimes. The car was 'their safe place', and they liked to go for a drive. Staff had begun to take a picnic in the car which enabled the person to feel safe whilst eating and socialising with others.

In addition to care plans each person living at the service had daily records which were used to record what they had been doing and any observations about their physical or emotional wellbeing. These were completed daily and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty. The 'grab and run sheet' which was to be taken out of the home in the event of an emergency such as evacuation or admission to hospital had been updated. There was also a document to be used when someone went to hospital which would give hospital staff clear instructions on how to care for someone including how they would indicate pain.

Relatives were asked their views about the care and support their family members received. People and their representatives were involved in assessments and care planning. Staff were responsive to people's communication styles. They gave people information and choices in ways that they could understand. They used plain English, repeating messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond. Staff communicated with some people in Makaton, a particular form of sign language. Staff told us how people often used a variety of signs to express themselves, and we saw staff were able to understand and respond to what was being said.

Each person had a keyworker picked from the staff team whose role was to lead on support for that person to stay healthy, to identify goals they wished to achieve and to help them express their views about the care they received. Each of the key workers carried out a monthly review with the person of their needs, their progress towards any goals identified and sought the person's views about their support.

People, their relatives and friends were encouraged to provide feedback and were supported by care staff to raise complaints if they were dissatisfied with the service provided at the home. The manager had a plan to arrange regular house meetings to give people an opportunity to express their views about the service.

There were arrangements in place to deal with complaints which included detailed information on the action people could take if they were not satisfied with the service being provided. There were no issues recorded. One relative said "I can talk to any one of the staff and I will receive a response".

Is the service well-led?

Our findings

There was a clear focus on what the service aimed to do for people. The emphasis was the importance of supporting people to develop and maintain their independence. It was important to the registered manager and staff that people who lived at Dolphin Court were supported to be as independent as possible and live their life as they chose. This was reflected in the care planning documentation. Staff we spoke with spoke with pride about the service and the care and support they gave. They were aware of the previous CQC inspection report finding and everyone we spoke with said things had improved at the home. One member of staff said one of her first jobs when she started was to get the care plans up to date.

At our last inspection in December 2014 we found there was a lack of a robust quality assurance process and the failure to identify, assess and manage risks. The provider did not have adequate quality assurances in place to assess and monitor the quality of the service provided. The provider did not have systems in place to ensure there could be learning from incidents in the home. This was a breach of Regulation 10 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan saying they would be compliant with this regulation by June 2015. At this inspection we found the provider had made significant improvements in this area.

The registered manager recognised the changing needs of people living at the home including their physical and mental wellbeing. They ensured the service had the necessary facilities available to meet specific needs and closely monitored any changes to ensure the resources were available. For example, people's care and support records and care planning were kept up to date and relevant to the person and their day to day life. This ensured people's care needs were identified and planned comprehensively and met people's individual needs.

Day to day communication systems ensured any issues were addressed as necessary. For example people told us they felt the manager and staff acted on their views. The registered manager was always available and also spent time supporting people.

People were consulted regularly both formally and informally and people living at the home were provided with as much choice and control as possible about how the service was run for them.

The registered manager understood and complied with their legal obligations, from CQC or other external organisations and these were consistently followed in a timely way. The registered manager ensured that either they or other senior staff regularly audited the service policies and procedures to ensure they reflected current good practice guidelines. Some of the audits included medicines, accidents and incidents and maintenance of the home. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly. There was also a system of daily audits in place to ensure quality was monitored on a day to day basis, such as daily audits of medicines and the fridge and freezer temperatures.

Staff we spoke with responded positively to the registered manager and operations manager's style of

leadership. They felt they could go to them at any time if they had a concern about people's care, and felt they were kept up to date and informed. They said they had a good relationship with the manager, and described them as being "great" and communications as "good". There was an opportunity for staff to engage with either the registered manager or operations manager on a one to one basis through supervisions and informal conversations. Observations and feedback from staff showed us the home had a positive and open culture. One staff member said, "We are encouraged to discuss anything and [Name] listens."

Staff relayed their enthusiasm and ambition for the people using the service and were very passionate about protecting them from abuse and ensuring they could lead the life they wanted to.

We were shown the auditing and monitoring process for the home and how when updated it would show using a traffic light system what needed to be addressed now and what was due. The regional manager told us that the monitoring tool could be viewed by all senior managers including the CEO of the provider. This helped to have an overview of all the providers' services and ensure help and support could be sent if needed. The previous manager had left the service in the summer and the area manager had then registered as the manager for the home, in addition an experienced service manager had been bought in, as well as support from the provider's quality team. This showed the support the provider had given in response to the previous report and their commitment to change things for better for the people using the service. We could see the changes that had been made to meet the regulations and staff recognised the need to change and wanted to carry this on.

The registered manager told us there was a new training system in place which they could access to see who was due to repeat training or who was booked onto training. As the system was often slow or not working as it was held centrally with the provider, the manager showed us another local system in place to support that.

Staff logged accidents and incidents. These logs would be analysed to identify any trends for example medicine issues and if needed the manager would have discussions with individual staff members.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary. The service manager, registered provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission of significant events in line with the requirements of the provider's registration.

One relative told us, "They [staff and registered manager] listen to me and any concerns I have". The registered manager encouraged an open, transparent and inclusive culture whereby both staff and people were actively encouraged to go to the office and share their views and be part of the 'team'.

Staff confirmed this when they spoke with us and we saw examples of staff and people using the service seeking guidance from the manager during the inspection. Staff also told us they were happy with the level of support they received from the registered manager and that she would not ask staff to do things that she wouldn't do and that made them feel like it was a team work approach

People were supported to access health care professionals as part of the partnership approach encouraged by the service. Staff told us that there was an open and transparent approach to information sharing and that information was shared amongst the team through various means. The registered manager was

steadfast in involving external health care professionals in decision making for people and actively encouraged partnership working.

People were supported by staff who had clear knowledge of company policy. There were policies and procedures in place to ensure staff had the appropriate guidance to carry out their role. Staff were able to identify where the policies were kept and that they could access these for guidance at any time.