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Courthill Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Courthill Care Home is a care home without nursing providing personal care to up to six people living with learning difficulties and autism. At the time of the inspection four people lived at the home.

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 ensured that people who used the service could live as full a life as possible and achieved 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 received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

Risks to people were not always consistently assessed and managed which could put them at risk. The provider's personal emergency evacuation plans in conjunction with the fire policy and procedures did not provide staff with clear guidance on how to support people in the event of emergency. Staff were not reporting behavioural incidents as per the guidance in people's support plans. Hence the behaviours were not analysed for any patterns or lessons learned.

The provider's audits did not identify issues we found during our inspection such as lack of reporting of incidents, inconsistencies in records or actions needed around support with communication. The systems and processes were not robust enough to demonstrate the provider effectively monitored the quality and safety. This meant actions were not always addressed to reach best outcomes for people and continuously improve in line with legal requirements and national best practice guidance.

Following our inspection, the provider took action to review and improve their records and governance systems.

People felt safe at the home and staff knew how to protect them from abuse. The provider had safeguarding and whistleblowing policies in place and adhered to the local authority's guidance.

Staff supported people to take their medicines as prescribed, and the provider had processes and systems to safely order, store and monitor medicines stock. Staff knew how to protect people from the spread of infections and were trained in infection control.

Staff supported people in person-centred manner. Care plans were personalised and included information on people's needs, life story, interests and identity. Individual behavioural support plans provided detailed guidance for staff on how to support people when they were distressed. People were encouraged to live active lives and participate in activities matching their interests.

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. Staff asked people for their choices and involved them in their care.

The service applied the principles and values of Registering the Right Support. These ensured that people who used the service could live as full a life as possible and achieved the best possible outcomes that included control, choice and independence.

People were supported to eat healthily. Referrals were made to health care professionals where required and staff followed their guidance to ensure people received appropriate care.

Staff knew people well and addressed them in caring and respectful way. People were offered the opportunity to provide feedback and felt listened to.

Staff confirmed they felt supported by their manager and the provider. Staff were offered regular training and opportunities to develop their professional qualifications to be able to better support people. Multidisciplinary reviews of people's care confirmed that this reduced people's levels of anxiety and enabled them to live more active lives.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 January 2019) and there was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made regarding person-centred care planning and the provider was no longer in breach of this regulation.

However, the service remains rated requires improvement. At this inspection we found evidence that further improvements were required. The provider's quality and safety monitoring systems were not always effective in identifying actions needed to provide consistent and clear guidance for staff and ensure continuous improvement of the service. Following the inspection, the registered manager updated the records and took action to improve governance. We found no evidence during this inspection that people were at risk of immediate harm from these concerns. You can see what action we have asked the provider to take at the end of this full report.

This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Courthill Care Home

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 two inspectors.

Service and service type

Courthill 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 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. When we inspected the registered manager was on leave. We spoke with the deputy manager and the provider.

Notice of inspection

This inspection was unannounced.

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 used all of this information to plan our inspection.

During the inspection

We spoke with three people living at the home and two relatives about their experience of the care provided.

We spoke with four members of staff, including the deputy manager and the provider.

We reviewed a range of records. This included two people's care and medicines records. We looked at three staff files in relation to recruitment, staff training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further management records, fire safety procedures, mental capacity records and provider's policies.

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 now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always consistently managed which could put them at risk. Personal emergency evacuation plans (PEEPs) had not been consistently assessed and did not always accurately reflect people's needs. For example, one person had a visual and hearing impairment, but their PEEP stated they would be able to react to the sound of the fire alarm and be prompted verbally by staff to evacuate the building. Night fire drills had been completed with two staff present including the on call manager. However, the registered manager confirmed to us that only one member of staff was on shift at night. Therefore, the drills as well as fire safety procedure did not give a true reflection of the support provided and the time to evacuate in a real-life scenario.
- Following the inspection, the registered manager reviewed the fire evacuation policy and procedure and clarified the guidance in personal evacuation plans. The provider also planned to seek additional guidance on managing fire safety risks to people from the fire service.
- Opportunities to learn lessons could be missed. Staff were not always reporting accidents and incidents as per the guidance in people's positive behaviour support plans. For example, medicine records confirmed one person received as and when required medicine (PRN) for behavioural needs on three occasions since June 2019. Although staff were aware to offer this medicine as a last resort, the reasons for administering were only recorded in daily notes and not on behavioural incident forms as per care plan guidance. This meant the behaviours were not analysed for any patterns or lessons learned.

We recommend the provider reviews their risk monitoring systems to ensure risks are consistently assessed, managed in line with the provider's policies and procedures and that lessons are learned following behavioural incidents.

- Risks related to people's other support needs and health were monitored and managed safely. There was guidance for staff on how to ensure people who lived with epilepsy, experienced behavioural difficulties or could not communicate verbally when in pain were supported to remain safe and healthy. Charts had been completed for people with particular health conditions in line with guidance from health care professionals.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from risk of harm and abuse. People and their relatives told us they felt safe in the home. A relative told us, "It is safe here." Staff knew how to protect people from harm and what to do if they had any concerns. One staff member said, "I did the training. I would report safeguarding to my

manager, if I needed to report outside, I would blow the whistle." Staff knew how to report any concerns to local authority or CQC.

- The provider had systems and policies in place to protect people. Staff were trained in safeguarding and were able access the safeguarding policy from the local authority. Since our last inspection there were no concerns which would require a local authority notification.

Staffing and recruitment

- There were enough staff to support people. One person told us staff were always available when they needed them. A relative told us, "He has enough care." We saw people could easily find staff when they needed support with a phone call or personal care and staff offered help in a timely manner.
- Staff was available to support people with one to one activities and group outings. The provider ensured that extra support was available, so people could go out into the community, enjoy activities of their choice and attend their appointments. Additional staff arrived during our visit to support specific activities. A staff member told us, "We have enough staff and we are offered additional assistance when needed."
- The registered manager followed safe recruitment practices. This helped to ensure only suitable staff were employed. The provider obtained proof of identity, references and a Disclosure and Barring Service (DBS) check. A DBS check ensures potential staff members are safe to work with vulnerable people.

Using medicines safely

- Medicine management and recording systems and practices were safe. Medication administration records (MAR) were fully completed by staff. Protocols for as and when required medicines were in place and informed staff around the specific symptoms and the maximum dose that could safely be given to a person within 24 hours.
- Staff were knowledgeable and knew how to administer people's medicines safely. For example, staff knew why people had specific medicines prescribed for them. Staff was aware if medicines had special instructions and had to be taken before or after a meal and we observed them following prescriber's instructions. People were administered medicines in their preferred way which was recorded on their individual medicines profile. Medicines were stock counted regularly to check for any irregularities.
- Staff records confirmed regular training and in-house competency and knowledge assessments were completed by the management team. The registered manager completed regular audits of medicines and identified actions for improvement.

Preventing and controlling infection

- The provider had effective systems in place to ensure people were protected from the risk of infection. Staff received training in infection control and had access to personal protective equipment. Staff were knowledgeable about infection prevention principles and explained to us how they supported people to do their laundry or clean the house.
- One member of staff told us, "it is a very clean home, that is why I like to work here." People were regularly supported to maintain their bedrooms. Communal areas, including the kitchen and the bathrooms were clean and tidy.

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 requires improvement. At this inspection this key question has now improved to good.

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

- Staff supported people in line with national best practice guidance for person-centred care. The provider reviewed their policies, support planning systems and forms for daily and health records to enable more individualised care. Staff implemented the changes. One staff member told us how they had arranged an individual meeting with one person they support to discuss ideas of new activities and what the person had wanted to be changed. People's records evidenced their views were listened to and actioned. People had pictures included in their plans to clearly show their achievements and preferences.
- Staff supported people in line with positive behaviour support principles. People were proactively reassured when they showed early signs of distress. Staff knew how to recognise those signs and how to respond to them to provide effective support. People had robust behavioural support plans which detailed how to recognise when they are relaxed and comfortable, how they show their anxiety and how to support them to stay safe in crisis.
- There had been no new admissions to the service since our last inspection. However, the registered manager completed an initial assessment which covered people's needs and choices. Staff also ensured people's needs had continued to be appropriately assessed and reviewed.

Staff support: induction, training, skills and experience

At the last inspection we recommended the provider reviewed their systems for documenting training to ensure it could be easily tracked. The provider had made improvements.

- Staff had the right skills, experience and training to provide people with good quality support. The registered manager updated their training records to reflect when training course expiry dates had passed. This enabled the provider to ensure that staff's training was up to date and relevant to their roles. Staff were also encouraged and supported to complete national vocational qualifications in health and social care.
- Staff received training that was effective for their role. New staff completed an in-house induction and shadowed their colleagues before working on their own. Staff confirmed they were encouraged and provided with time to learn about people's care needs and read their support plans. One staff member said the home was an "enabling environment and lots of training is offered." Another staff member told us, "I do have everything I need to work safely."
- Staff were trained in different areas such as moving and handling, safeguarding, fire safety, infection control, health and safety, mental capacity and DoLS, nutrition and hydration, communication and learning

disability awareness. Staff received regular supervision and appraisal.

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

- Staff supported people to have regular drinks and to maintain a nutritionally balanced diet. People and their relatives gave us positive feedback about the food at the service. A relative said, "He has a lovely cooked breakfast on a Saturday and a roast dinner on a Sunday."
- Staff encouraged people to be involved in their meal preparation and supported social interactions during meals. People were involved in setting up the table, choosing their meal and serving food. We saw people talking to each other and staff whilst enjoying their food. Staff was present during the meal and supervised people who could be at risk of choking if they ate too fast.
- Support plans included information on people's likes and nutritional preferences. People were involved in menu planning and weekly shopping for groceries. Fluid charts were being completed and people's weight was monitored where required to ensure they remained hydrated and were not malnourished.

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

- Staff supported people to access a range of healthcare services. One person confirmed an optician had recently visited the service and prescribed them with new glasses. They had been able to choose the style of frame they wanted from the range the optician showed them.
- People had personalised health action plans and regular health checks with their GP. They were supported to be seen by a nurse, mental health professionals, dentist, optician or speech and language therapist when required.

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

- People were able to design and arrange their bedrooms in a way which best suited them. This included decorating their rooms with their favourite pictures and ornaments. People told us they liked their home. One person showed us all their furniture and decorations explaining why they chose them and what they liked about them.
- The home was adapted to meet people's needs. Staff explained how they would encourage people to relax or to enjoy activities in a sensory room specifically designed with soft furnishings, lighting and other sensory equipment. People could also freely access the garden and communal areas.

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.

At the last inspection we recommended the provider to look into enabling people to access the kitchen with

a less restrictive locking system. The provider had made improvements.

- People were able to access the kitchen freely. We observed the door remained open for most of the day with staff present nearby so people could be supported with household tasks when needed. The door had a key pad lock which was assessed and appropriately authorised as the least restrictive option for people to ensure their safety when the kitchen was unattended. This was due to people's needs as some had limited awareness of health and safety or could hurt themselves or others removing dangerous items when distressed.
- The provider applied to local authority for authorisation to deprive people of their liberty and ensured people were supported in the least restrictive way. One family member said, "[My relative] has a DoLS, because he couldn't go out on his own. If he was alone there might be an incident because of his needs. When he's with a carer, he is safe." The registered manager completed mental capacity assessments with people and worked with multidisciplinary professionals and families when decisions had to be made in people's best interests.

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

- Staff were caring and attentive to people's needs. They reassured people when they got distressed. For example, one person needed staff to repeat consistent information when they asked about things which made them anxious. Staff patiently and kindly reinforced the message whenever the person asked. One person told us, "I am happy here." A relative told us, "He's got staff to talk to all the time." Another relative told us, "I want [my family member] to stay here forever. He has a wonderful life here. He sometimes gets distressed but then staff help him."
- Staff supported people in kind and respectful way. One staff member told us, "There is no point in rushing. We make sure we give people plenty of time and work to their own pace." People were supported to complete activities with enough time and explanation given to them to ensure they were comfortable. We saw a staff member explaining to one person in simple words what they are going to do and gently guiding the person with a gesture until they decided they were ready to go out.

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

- Staff knew how to involve people and how to support them to make day to day choices. Staff told us they encouraged people to choose their own clothing on daily basis, involved them in activities and menu planning and supported them to shop for items of their choice. For example, one person had chosen and bought a new television for their room.
- Staff ensured people and their representatives were consulted and their views were listened to. Records detailed that people were regularly involved in creating their care plans and biannual review meetings were held to discuss this with them. We saw evidence of the regular written communication between home manager and the families and records of their compliments. One family member wrote, "[My relative] likes [this] better place, the keyworker has a special bond with [them]". A key worker is a member of staff who helps a person to voice their opinions and arrange their support in a way which best meets their wishes and needs.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and dignity and to take care of their physical appearance. One person told us, "I can have privacy in my bedroom." A family member said, "[My relative] always looks smart and is well-cared for. The staff are very kind to the residents. They all get treated very well."

- Staff supported people to be as independent as possible. People were encouraged to be involved in taking care of their home. We saw one person arranging the lunch and completing housework with encouragement and support from staff. Staff told us people regularly completed tasks such as housework, their laundry and meal preparation.

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 requires improvement. At this inspection this key question has now improved to good. 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

At the last inspection we had found a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act (Regulated Activities) Regulations 2014 as people had not always been involved in planning their care and activities; and their wishes with regards to end of life care had not been documented.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received personalised care and support meeting their needs and preferences. A family member said, "Here, it's geared up for [my relative's] needs." Care plans were written in personalised and detailed manner to ensure people were treated in an individualised way and their wellbeing and independence were promoted. Staff were trained to implement person-centred planning systems.
- People's care plans included information around their health needs, hobbies and interests, communication, culture and sexuality. There were clear and robust behavioural plans in place. Staff knew how to support people effectively to reduce their anxieties and how to reassure them when they got distressed.
- Staff knew people and their individual needs well, including their likes and interests. One member of staff told us, "You can't care for someone if you do not know their needs." They explained how the team supported one person to follow their interests and at the same time reduced the risk of them being on their own in the community. This person regularly accessed the community and their reviews confirmed their level of anxiety had decreased.

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 how to communicate with people but did not always explore all the available support methods to do so effectively and in line with best practice guidance. One person's care plan stated they used adapted sign language, photos and objects of reference to communicate. However, staff told us they did not use any of these at present as it was more effective to communicate with the person based on their knowledge

about them and their reactions.

- There was no easy to read information available in the service apart from guidance on how to make a complaint. This meant people may not be aware of their rights or how to access information which would be easier for them to understand.

We recommend the provider reviews their use of communication aids in line with national guidance on the Accessible Information Standard and best practice guidance for supporting people living with learning disabilities and/or autism.

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 told us they were supported to do what they liked, such as going out in the community, swimming, cycling or visiting friends. For example, three people had been supported to attend a local disco. One person told us they really enjoyed the event and added, "I like dancing." People went on holiday every year.
- People received support to maintain relationships that were important to them. One person told us their relatives regularly visited the home and we observed staff supporting them to arrange the visit in a private environment of a sensory room.

Improving care quality in response to complaints or concerns

- The provider ensured people and their relatives knew how to address any concerns. People were provided with pictorial information on how to complain within the service guides. There were no recorded formal complaints since our last inspection. However, people's relatives and staff confirmed the provider was prompt to address any informally raised issues.
- We saw records of compliments, including one health care professional who said the service was "a well organised and caring care home."

End of life care and support

- People had end of life plans created by them with their families and staff's support. These plans specified their wishes, preferences and things important to them in case they enter this stage of their life. Formal arrangements such as funeral plans were also recorded.

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 requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's governance systems were not always effective in driving continuous improvement. The registered manager completed a self-assessment audit which was a tool to measure main areas of quality and safety of the service. We saw some actions which were identified in the audits had been completed. However, they did not identify issues we found during our inspection such as lack of reporting of behavioural incidents or inconsistent guidance around fire safety.
- Records were not always accurate and consistent. For example, one person's health action plan stated they were at risk of choking, but staff told us they were not under speech and language therapist's care and only needed prompting not to eat too quickly. This meant people's support records were not always consistent and accurate as to the levels of risk and reasons why support was needed.
- The provider had a business plan which identified their values and priorities for 2019 and 2020. This included involving people in decisions around service development, planned maintenance works and supporting staff to access further training. Some of the actions have been already completed, for example staff received additional training and people's rooms were redecorated with their input.
- The provider responded during and after the inspection and took action to improve. For example, the inconsistencies in fire safety records were addressed and the night time fire evacuation procedure updated. The registered manager re-assessed the risk of choking and will review this person's documentation and share up to date information with staff team.

We recommend the provider to review their quality assurance systems to ensure that their auditing is effective and supports continuous development of the service.

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

- People told us they liked Courthill and they felt at home. Relatives confirmed this, and one said, "It's such a lovely home. There's a lovely atmosphere. It's very good for [my family member]. They all care for the residents. I think it's excellent."
- Staff felt supported and listened to by the provider. One member of staff told us, "I feel supported by management and I have been given opportunities to develop my qualifications." Another staff said, "[Management] are very supportive. I would go to the provider if anything, they would listen and do

something about it. For example, I asked to refresh person-centred care training and it was done."

- Staff attended regular meetings held by the provider and discussed different topics such as their responsibilities, team work, communication, health and safety, food hygiene, maintenance or changes to people's needs.

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

- People and their relatives felt involved. A relative told us, "You can always speak to staff if you need to. They let us know of anything. [My relative] has got a sense of belonging here." One staff member told us, "That is what underpins our care here, that people are involved"
- Records confirmed people met their key workers for a discussion every month. A key worker is a member of staff who helps a person to voice their opinions and arrange their support in a way which best meets their wishes and needs. People's feedback was included in their support plans which ensured they received support tailored to their preferences and needs.
- Staff felt that the provider engaged them in developing the service and communication systems were effective. One staff member said, "We have good team, good communication and although we are different people here, we do support each other."

Working in partnership with others

At last inspection we recommended the provider to look to the wider community to develop links that would benefit people. The provider had made improvements.

- Staff supported people to develop links with local organisations, so they could choose to attend a variety of activities for people with learning disabilities. Two people regularly visited a local day centre, another person told us how they enjoyed weekly visits to local social club. The provider told us they now have contacts to different outreach services in the area in case people wish to use them. Staff regularly supported people to participate in community-based activities.
- The provider worked closely with healthcare professionals. For example, the service had close professional relationship with local community learning disability team and consulted with a learning disability nurse practitioner when needed.

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 provider had clear guidance in place on legal requirement to notify CQC about certain incidents. Staff were aware of how to recognise and report incidents and accidents. There were no incidents and accidents recorded since our last inspection, so no notifications were required.