

Education and Services for People with Autism Limited







East Dene Court

Inspection report

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Ratings

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

Overall summary

This inspection took place on 15 January 2015 and was unannounced. This meant the provider did not know we were carrying on the inspection on that day.

We carried out our last inspection in August 2013. The provider during that inspection met our regulatory requirements.

East Dene Court provides care for up to nine people with learning disabilities. Nursing care is not provided.

The home is a large detached house with ten bedrooms, three lounges, a kitchen and a dining room. It is set in its own gardens in a residential area, near to public transport routes and local shops.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were responsive to people's needs and wishes and we viewed records that showed us staff were enabled to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended training and development activities to maintain their skills. We also viewed records that showed us there were safe and robust recruitment processes in place.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. We found the provider was following legal requirements in the DoLS.

We saw people's care plans were very person centred and written in a way to describe their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format was easy for service users to understand by using of lots of pictures and symbols. We saw lots of evidence to demonstrate that people were involved in all aspects of their care plans. People, who used the service, and family members, were extremely complimentary about the standard of care provided.

Throughout the day we saw staff interacting with people in a very caring and professional way. The registered manager and staff that we spoke with showed genuine concern for people's wellbeing and it was evident that all staff knew people at the home very well. This included their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We saw all of these details were recorded in people's care plans. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

People were protected from the risk of abuse. The care staff we spoke with understood the procedures they needed to follow to ensure that people were safe. They had undertaken training and were able to describe the different ways that people might experience abuse. Staff were able to describe what actions they would take if they witnessed or suspected abuse was taking place.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. A designated infection control champion was in post and we found that all relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

People received a balanced diet. We saw people could choose what they wanted to eat each day and this was supported by the staff. The cook was very knowledgeable about people's diets and their preferences were always available. There was fresh fruit and snacks available so people could help themselves throughout the day.

We saw the provider had policies and procedures for dealing with medicines and these were followed by staff. Medicines were securely stored and there were checks and safeguards in place to make sure people received the correct treatment.

There was a complaints policy at the home which provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. We saw pictures had been used to help people understand the information. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or provider.

We found that the provider had very comprehensive systems in place for monitoring the quality of the service. This included monthly audits of all aspects of the service, such as infection control, medication, learning and development for staff which were used to critically review the home. We also saw the views of the people using the service, their advocates and relatives were regularly sought and used to make changes. We found that the manager produced action plans, which clearly showed when developments were planned or had taken place.

Summary of findings

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 safe.

There were systems in place to manage risks, safeguarding matters, staff recruitment and medication and this ensured people's safety.

We saw the staff had been trained to work with people in a positive way which protected their human rights.

We saw the service had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

Good



Is the service effective?

The service was effective.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. People's best interests were managed appropriately under the Mental Capacity Act (2005).

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

Staff received training and development, formal and informal supervision and support from the registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People's nutritional needs were assessed/monitored to identify any risks associated with nutrition and hydration.

Good



Is the service caring?

The service was caring.

There were safeguards in place to ensure staff understood how to respect people's privacy, dignity and human rights. Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes.

People told us that staff were extremely supportive and had their best interests at heart. We saw that the staff were very caring, discreet and sensitive and they supported people with kindness and compassion.

The staff were very knowledgeable about people's support needs and their ways of communication and conversations and these were tailored to individual's preferences.

Good



Is the service responsive?

The service was responsive.

People, and their representative's, were encouraged to make their views known about their care, treatment and support needs. They were encouraged to be involved in decisions which affected them and the running of the home.

Good



Summary of findings

We also saw the provider had in place signs and signals for staff to recognise when a person's mood might change. Staff were able to intervene to prevent a situation from escalating.

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home.

Is the service well-led?

The service was well led.

There were clear values that included involvement, compassion, dignity, respect, equality and independence. With emphasis on fairness, support and transparency and an open culture.

The management team had effective systems in place to assess and monitor the quality of the service, the quality assurance system operated to help to develop and drive improvement.

The service worked in partnership with key organisations, including specialist health and social care professionals.

Good



East Dene 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 January 2015 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before this inspection we reviewed any notifications that we had received from the service. We also reviewed information from people who had contacted us about the service since the last inspection, for example, people who wished to make compliments about the service.

Before the inspection we reviewed any information from the local safeguarding team, local authority and health services commissioners, the lead infection control nurse and Healthwatch who were involved in the care of people living at the home; no concerns were raised by these organisations.

During the inspection we spoke with five people and two relatives. We carried out observations and looked at five people's records. We spoke with five staff members including the registered manager, care staff and catering staff.

We spent time observing people in various areas of the service including the dining room and lounge areas.

We were shown around the premises and saw people's bedrooms, bathrooms, and the laundry room, kitchen and living and dining areas.

We also spent time looking at records, which included people's care records, and records relating to the management of the home.

On the day we visited we spoke with people who were using the service. We also spoke with members of care staff and the registered manager.

During the inspection visit we used pathway tracking to review people's care plans, four staff training and recruitment files, a selection of the home's policies and procedures and infection control records.

Before the inspection we did not ask the provider to complete 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.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, “It’s a good place.” Another said, “Nice place, I get on well with all the staff.”

We found people were protected from the risks associated with their care because staff followed appropriate guidance and procedures. We looked at three people’s care and support plans. Each had an assessment of people’s care needs which included risk assessments. Risk assessments included accessing the community, traveling, support in managing people’s distress and nutrition. Risk assessments were used to identify what action staff needed to take to reduce the risk whilst supporting people to be independent and still take part in their daily routines and activities around the service and in their community.

The provider had guidance on each individual care plan on how to respond to emergencies such as a fire or flood damage. This ensured that staff understood how people who used the service would respond to an emergency and what support each person required. We saw records that confirmed staff had received training in fire safety and in first aid.

When we spoke with staff about people’s safety and how to recognise possible signs of abuse, these were clearly understood by staff. The staff described what they would look for, such as a change in a person’s behaviour, mood or any unexplained injuries. They were able to describe what action they would take to raise an alert to make sure people were kept safe. Training in the protection of people had been completed by all staff and they had easy access to information on the home’s safeguarding procedures and a list of contact numbers were available. The registered manager was fully aware of local Authorities safeguarding procedures and their responsibilities to report any concerns to the local authority.

Staff told us they had confidence in that any concerns they raised would be listened to and action taken by the registered manager or others within the organisation. We saw there were arrangements in place for staff to contact management out of hours should they require support. We saw there was a whistleblowing policy in place. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other

staff’s care practice or the organisation. Staff knew and understood what was expected of their roles and responsibilities and they said they would feel confident in raising any concerns.

Medicines were stored safely and procedures were in place to ensure people received medicines as prescribed. We saw there were regular medicine audits undertaken to ensure staff administered medicines correctly and at the right time. We saw the provider had protocols for medicines prescribed ‘as and when required’, for example pain relief. These protocols gave staff clear guidance on what the medicine was prescribed for and when it should be given.

We looked at three staff files and saw people were protected by safe, robust recruitment procedures. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person’s criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed all staff were subject to a formal interview which were in line with the provider’s recruitment policy.

Through our observations and discussions with the manager and staff members we found there were enough staff with the right experience, skills, knowledge and training to meet the needs of the people living at East Dene Court. The registered manager showed us the staff rotas and explained how staff were allocated for each shift depending on people’s chosen daily activities in the community. This demonstrated that sufficient staff were on duty across the day to keep people using the service safe.

The provider had a policy in place to promote good infection control and cleanliness measures within the service. The service had an infection control lead to ensure there were processes in place to maintain standards of cleanliness and hygiene. For example, there was a cleaning schedule which all staff followed to ensure all areas of the home were appropriately cleaned each day. We saw people who used the service were also encouraged and supported to take part in some light household tasks. We saw staff had access to a good supply of personal protective equipment (PPE) such as disposable gloves and aprons. Staff were knowledgeable about the home’s infection control procedures. We found all areas to be clean and fresh.

Is the service effective?

Our findings

Staff we spoke with understood people's routines and the way they liked their care and support to be delivered. Staff described how they supported people in line with their assessed needs and their preferences. We saw that staff took time to listen to what people told them, and explored ways to support them in the way that people wanted.

We saw staff communicated with people effectively and used different ways of enhancing communication with people who used the service. For example, using effective signs, gestures and pictures this approach supported staff to create meaningful interactions with the people they were supporting. Care records contained guidance for staff on how to support people with their communication and to engage with this. This supported people to make day to day choices relating to their care and support.

People had access to food and drink. Staff told us menus were based on people's preferences and their likes and dislikes. If people didn't want what was on the menu then an alternative was always available. Staff told us "There are always different foods available; people can choose what they want." People also had pictures of their food choices. People could also help themselves to a snack or drink of their choice at any time.

People had regular checks on their weight and a record of what they had eaten daily records were kept. We saw guidance was in place to support staff with offering healthy options to maintain a balanced diet whilst supporting the people to still eat. We saw the SALT team had been consulted for one person and every one had a nutritional assessment completed.

People were supported by staff who had the opportunity to develop their skills and knowledge through a comprehensive training programme. Staff told us the provider had its own training department which supported staff to gain the skills and knowledge they needed to meet the needs of people who used the service. Records showed there was an extensive programme of induction and specialised training for all staff to prepare them for their work at the home. Training included 'Common Induction Standards' with courses in 'Autism Awareness',

'Communicating with people with Autism Spectrum Conditions', 'Sign Language', 'First Aid', 'Manual / People Handling', 'Food Hygiene', 'Fire Safety' and 'An Introduction to Behaviour'.

We looked at records which showed all staff working at East Dene Court had received relevant training which included National Vocational Qualifications (NVQ) in care and promoting independence. Staff commented positively about this training in particular about autism specific training courses and 'Studio 3' (training to support people who have behaviour which challenges staff. The registered manager told us staff were supported to achieve relevant qualifications and access training to provide 'continuous professional development' including courses such as, Diploma in Health and Social Care Level 4, Level 4 in Management, Accredited Behaviour Training and Autism Spectrum Conditions Training.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment as required. The service contacted relevant health professionals GPs, specialist epilepsy trained nurses and occupational therapists if they had concerns over people's health care needs. Records showed that people had regular access to healthcare professionals and attended regular appointments about their health needs.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. All necessary DoLS applications either had been, or were in the process of being submitted, by the provider. We found in care plans that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them by the provider. The registered manager explained how they had arranged best interest

Is the service effective?

meetings with other health and social care professionals to discuss people's on-going care, treatment and support to decide the best way forward. We saw records of these meetings and decisions undertaken.

Is the service caring?

Our findings

People who used the service explained how their care and welfare needs were met. One person said “I have to be careful about what I can have to eat.” Other comments included, “You get treated very well here, it’s a cool place.” “It’s nice, I get on with everyone.” “The staff are very helpful.”

When we inspected we saw staff interacting with people in a very caring and professional way. The registered manager and staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from discussion that all staff knew people at the home very well, including their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We saw all of these details were recorded in people’s care plans. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. For example we saw that staff gave explanations in a way that people easily understood sometimes using the same language and phrases which gave people reassurance. Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoy humorous interactions.

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with great passion about their desire to deliver high quality support for people and were extremely understanding of people’s needs. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

We found people were involved in the running of the home and were supported to take up opportunities to make decisions and choices during the day. For example people chose what to eat, or where to sit in the lounge and what activities to take part in. We also saw people were comfortable to assert their views and preferences and were empowered and encouraged to be in control of their lives. We found there was an impetus in the home to support people to be integrated in the local community. For example shopping expeditions supported people to be more independent and meet regularly with friends and acquaintances.

We spoke with the registered manager who gave examples of how they respected people’s choices, privacy and dignity. When we visited the home we saw this being put into practice. For example, we saw staff treating people with respect, actively listening to them and responding to their gestures and requests appropriately. The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. In the 2014 parents survey all the parents agreed or strongly agreed their family members were treated with dignity and respect. We found the staff team was committed to delivering a service that had compassion and respect and which valued each person.

We observed staff gave people choices throughout the day and were given the time to decide. Staff were patient with people and discussed options with them. People were supported to make preparations to go out and given information and explanations by staff.

In response to people’s needs for equality we found the provider had in place arrangements to assess people’s needs and had put in place plans and strategies to ensure people had a lifestyle which promoted their abilities and enabled them to learn new skills. We saw through plans and reviews people had achieved their goals and their well-being had been promoted.

The registered manager told us the people who lived at East Dene Court had capacity to make decisions in some areas of their lives. For more complex issues, the staff had consulted families, care managers, key workers and advocates to make sure decisions made were in the person’s best interests. We found the service spoke up for people in their care. We looked at records and found people were involved in making decisions at the home. For example, meetings were held every month so people could decide and agree about decisions affecting their home such as bedroom locations, activities, meal choices and holidays.

We spoke with the registered manager who gave examples of how they respected people’s choices, privacy and dignity. When we visited the home we saw this being put into practice. For example, we saw staff treating people with respect, actively listening to them and responding to their gestures and requests appropriately. Relationships between people and with carers were relaxed, friendly and informal which helped people to feel comfortable. People

Is the service caring?

appeared to be relaxed and happy with the support provided by staff. The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. Staff who told us they were very aware of the need to maintain and support peoples' privacy when they were living together in the same house. We saw people were encouraged to use their bedroom as personal spaces

and we saw staff (and other residents) knocked on people's bedroom doors and waited to be invited in before opening the door. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect and which valued each person.

Is the service responsive?

Our findings

We spoke with staff, the deputy and the registered manager who told us everyone who lived at the home had a care plan. They described to us in detail how staff at the home made sure people were properly cared for and we looked at how this was written in their care plans.

We looked at the care records of people who used the service to see how peoples' needs were to be met by care staff. The care plans we looked at included people's personal preferences, likes and dislikes. We also found there was a section covering people's life histories and personal statements about their hopes for the future. We found every area of need had very clear descriptions of the actions staff were to take to support them. We saw detailed information had been supplied by other agencies and professionals, such as the psychologist or occupational therapist. This was used to complement the care plans and to guide staff about how to meet people's needs. This meant staff had the information necessary to guide their practice and meet these needs safely.

Some of the people who lived at this home found it difficult to say what their needs and preferences were. To help others understand their important requirements, preferences and background, each person had a document called 'About Me'. This told staff, in detail, all about each person's needs and preferences, using pictures and photographs.

We watched as staff supported people and engaged with them about familiar places, people or recent occasions and activities. This was very effective for those people who may have been feeling stressed or anxious. Staff gave us examples of the different ways they worked with people depending on their preferences. We looked at peoples' care plans which confirmed these ways of working had been written so staff would be able to give consistent support. For example, staff had specific ways of using positive language, facial expressions and gestures to reassure people who may otherwise have become anxious or upset.

Where people were at risk, there were written assessments which described the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken

to help reduce the likelihood of accidents. We saw examples of how staff had taken action to promote one person's independence and take calculated risks so they could have a more independent lifestyle.

The way care plans were written showed how people were to be supported and there were reviews to see if their needs had changed. These reviews included a meeting which had been attended by relatives, care staff and peoples social workers. We saw each person had a key worker whose role it was to spend time with people to review their plans on a monthly basis. Key worker's played an important role in peoples' lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person's current needs and wishes. There was evidence a great deal of thought, consideration and care had gone into peoples' care plans.

We saw staff write down the support provided to people each day in the 'daily records.' The daily records we looked at were very detailed and were used to monitor any changes in people's care and welfare needs. This meant the service was able to identify changes and respond to those changes.

The service enabled people to carry out person-centred activities within the service and in the community and encouraged them to maintain hobbies and interests. Activities were personalised for each individual. Each person had a detailed weekly activities plan that had been designed around their needs. For example, some people preferred to take part in several shorter activities throughout the day whilst others preferred one activity. Sufficient staff had been provided to enable people to consistently access community facilities and also to support people to attend health care appointments.

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship. The service had good links with the local community. Staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links. We found people's cultural backgrounds and their faith were valued and respected. The service recently converted a spare bedroom into a music room for people

Is the service responsive?

to use. People told us they enjoyed this facility very much. The service also had a sensory room that was popular with people who used the service as they found this to be very relaxing.

When people used or moved between different services this was properly planned. Where possible people or those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services such as hospital admission and strategies were in place to maintain continuity of care.

We checked complaints records on the day of the inspection. This showed that procedures were in place and

could be followed if complaints were made but none had been. The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. We saw pictures had been used to help people understand the information. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or provider.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a manager who had been registered at the home for over twelve months. 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.

Staff told us, "I have felt supported by the registered manager"; "If I wasn't sure about something I would tell the manager. They are always there to listen.

There were management systems in place to ensure the home was well-led. We saw the registered manager was supported by a general manager and there were regular monitoring visits to the service.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw she interacted and supported people who lived at East Dene Court. From our conversations with the registered manager it was clear she knew the needs of the people who used the service. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs.

The staff we spoke with were complimentary of the management team. They told us they would have no hesitation in approaching the registered manager if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people they supported. We saw documentation to support this.

The registered manager told us she encouraged open, honest communication with people who used the service and their representatives, staff and other stakeholders. We saw this was achieved through regular review meetings where staff and people who used the service and their representatives were provided with feedback and kept up-to-date about any changes within the service. We saw

the registered manager worked in partnership with a range of multi-disciplinary teams including the learning disability teams and speech therapists in order to ensure people received a good service at East Dene Court.

The registered manager had in place arrangements to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, we saw people's representatives were asked for their views by completing service user surveys. The outcome of the survey was displayed in the home with any actions identified as a result of this.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The quality assurance systems in place for self-monitoring included recorded checks of care plans, risk assessments, medication, people's nutrition, health and safety, fire, and the environment. When we visited the service and looked at a sample of these records we saw regular checks and audits had taken place. For example, the registered manager showed us how he and senior staff carried out regular checks to make sure people's needs were being effectively met. We saw there was a detailed thorough audit assessment tool used to identify areas of good practice and areas where improvements could or needed to be made.

The registered manager told us they conducted reviews of other services owned by the provider and they are subject to peer reviews. This system provides an additional layer of auditing and demonstrated there was a culture of transparency and openness in the service. This ensured strong governance arrangements were in place. The quality audit we looked at was very detailed and covered all aspects of care. For example, as well as the general environment, health and safety issues such as how infection control was managed, fire risk assessments to make sure these were up-to-date, bath water temperatures to make sure they were not too hot or cold, were all looked at. The audit also included a check on care plans, equipment to make sure it was safe, medication, peoples' social life and whether people were treated with dignity. We saw any issues identified through this process were included in the home's action plan, which was looked at again during subsequent 'quality audits'.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare

Is the service well-led?

of people who used the service. We saw risk assessments were carried out before care was delivered to people. There was evidence these had been reviewed and changes made to the care plans where needed. In this way the provider could demonstrate they could continue to safely meet people's needs. All of this meant that the provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities and had also reported outcomes to significant events.

We saw the provider had management systems in place to support the registered manager including finance and human resources support located at the providers local head office.