Housing & Care 21

Housing & Care 21 - Roman Ridge

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?	Requires Improvement

Summary of findings

Overall summary

Housing and Care 21 is a domiciliary care service which provides personal care to people living in their own homes within the Roman Ridge extra care housing scheme. The service is based in an office on the ground floor of the housing scheme and provides care for up to 37 people.

The inspection took place on 13 October 2016 and was announced. At the last inspection in May 2014, the registered provider was compliant with the regulations we assessed.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was not available on the day of inspection. We were supported by an acting manager who has applied to become the registered manager.

The service had developed systems to review the quality of service provision which highlighted areas that required further action. However, we were unable to find action plans with clear timescales to address shortfalls that had been identified at registered provider level through surveys of the staff on how the service could be improved. We have made a recommendation about this.

We found staff were recruited in a safe way; all checks were in place before they started work and they received a comprehensive induction. Staff received training in how to safeguard people from the risk of harm and abuse. They knew what to do if they had concerns and there were policies and procedures in place to guide them when reporting issues of potential abuse.

Safe systems were in place for the administration, storage and recording of people's medicines.

The registered manager ensured staff had a clear understanding of people's support needs, whilst recognising their individual qualities and attributes. Staff were positive about the support they received from their manager.

Records showed people had assessments of their needs and support plans were produced: these showed people and their relatives had been consulted and involved in this process. We observed people received care that was person centred and care plans provided staff with information about how to support people in line with their personal wishes and preferences.

Staff supported people with their nutritional and health needs. Staff liaised with health care professionals on people's behalf if they required support in accessing their GP or other professionals involved in their care.

Risk assessments were completed to guide staff in how to minimise risks and potential harm. Staff took steps to minimise risks to people's health and wellbeing without taking away people's rights to make decisions.

Staff had received training in legislation such as the mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support, and what to do if people lacked capacity to agree to it.

There was a complaints procedure in place that was available in a suitable format, enabling people who used the service to access this information if needed.

People told us staff treated them with respect and were kind and caring. Staff demonstrated they understood how to promote people's independence whilst respecting their privacy and dignity.

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 from the risk of avoidable harm because the registered provider had systems in place to manage risks.

Policies and procedures were in place to guide staff in how to safeguard people from abuse and staff received training about this.

Robust recruitment procedures ensured people were only supported by staff that were considered suitable and safe to work with them.

People's medicines were managed safely by staff that had been trained.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had received essential training in how to effectively meet their needs.

People were supported to have a healthy and nutritious diet and to receive appropriate healthcare when they required it.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and took appropriate action to ensure people's rights were upheld.

Is the service caring?

Good

The service was caring.

People who used the service told us they were treated in a kind and caring manner and were encouraged to be independent. Their privacy and dignity was respected.

People told us they were happy with the care their care and had developed positive relationships with the staff.

People were involved in decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed and plans of care were developed so that staff had the information they needed to provide person centred care.

People were able to raise concerns and complaints and arrangements were in place to manage these appropriately.

Is the service well-led?

Requires Improvement

The service was well led. However some aspects of the registered providers quality monitoring of the service was not always fully effective. We found although the systems were effective at service level, further action was needed at registered provider level to ensure action plans were put in place to address identified issues.

People had the opportunity to give feedback on the care and support delivered.

Housing & Care 21 - Roman Ridge

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

The inspection was announced and we provided the registered manager with 48 hours' notice of our intention to visit. The reason we announced the inspection was to ensure someone would be available at the registered office.

The inspection took place on 13 October 2016 and was carried out by one adult social care inspector. An expert by experience made phone calls following the inspection to two people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications sent to us by the registered provider, which gave us information about how incidents and accidents were managed.

Prior to the inspection we reviewed the information we held about the service. We also contacted the local authority's contracts monitoring and safeguarding teams. Where any issues had been identified by these parties we included them within our inspection.

During our inspection we spoke with the acting manager, two care team leaders, eight care staff and two people who used the service.

We looked at the care files for four people who used the service which included support plans, assessments undertaken before a service commenced, risk assessments, medication records and records made by staff following their visits to people. We reviewed records relating to the management of the service including policies and procedures, quality assurance documentation, accident and incident reports and complaints. We also looked at staff rotas, training records, supervision and four staff recruitment files.

Good

Is the service safe?

Our findings

When we asked people about the timeliness of calls people told us that, in the main their calls were made on time, unless there was a problem with an earlier call which caused the carer to be delayed, in which case they would be informed and another carer would support them. The people we spoke with emphasised that they had not had any experience of their calls being missed. One person said, "Recently I cut my toe, I pressed the bell and they came within two minutes, they weren't allowed to do the dressing so they contacted the district nurse and kept me safe while she came", "It's the same at night, they come quickly even when there's only one person on duty." Other people told us, "Most importantly I feel very safe here." and "If I ring the bell they come straightaway." Another person told us, "I feel very safe and the care is marvellous."

Relatives we spoke with told us, "The security at night is first class, when I came to look around the home out of hours, before my relative came here, the staff challenged me and told me I would need to come back during the day; I thought that was particularly good." People told us they felt there was adequate staff provided to meet their individual needs."

The acting manager and staff told us the rotas were planned for each call. Care team leaders supervisors and the acting manager were allocated supernumerary hours which meant they were available to cover any shortfalls on the rota or in emergency situations.

People were protected from discrimination, abuse and avoidable harm by staff that had the knowledge and skills to help keep them safe. The registered provider had policies and procedures in place to guide staff and these advised them of what they must do if they witnessed or suspected any incident of abuse. One staff member we spoke with told us, "It is our responsibility to keep people safe and people shouldn't be doing this job if they aren't prepared to keep people safe."

Training records showed that staff had completed training about safeguarding vulnerable people from harm and abuse. Staff we spoke with confirmed this and they were able to describe the different types of abuse. They told us they would report any concerns they had straight away and they described the relevant agencies for both adults and children, who they would report such abuse to including the local safeguarding teams and CQC. Staff were also aware of the importance of disclosing concerns about poor practice or abuse and understood the organisation's whistleblowing policy.

Discussions with the acting manager and staff confirmed that where safeguarding concerns had been identified they had been referred appropriately and fully investigated. We reviewed the safeguarding incidents records that had occurred at the service. Records showed that where staff had acted inappropriately in any way, action had been taken. Staff we spoke with told us they felt confident approaching the acting manager or any of the other senior managers' and they felt they would be taken seriously.

The acting manager and registered provider completed an analysis of all accidents and incidents in the

service. The information was used to identify emerging trends or patterns or to identify if someone's needs were changing and a review of their care was required. Any identified changes in people's needs were promptly shared with other professionals involved in the person's care and acted on by the service.

Professionals we spoke with confirmed that any issues identified by the registered provider were shared with them quickly and the agency worked closely with them in order to resolve them.

People who used the service had risk assessments in place relating to their health, and wellbeing. The care records we reviewed contained risk assessments for medication, moving and handling, use of equipment and nutrition. Environmental risk assessments were also completed regarding the properties of people who used the service. This ensured staff worked in safe environments. The risk assessments included information about action to be taken by staff to minimise the chance of harm occurring.

We looked at the files for four staff and saw checks had been undertaken before the employee had started working at the service. We saw references had been taken from previous employers, where possible, and that potential employee's had been checked by the Disclosure and Barring Service (DBS). DBS checks return information from the police national database about any convictions cautions, warnings or reprimands and help employers make safe recruitment decisions to help prevent unsuitable people from working with vulnerable client groups. The recruitment records we viewed showed us that the registered provider was taking appropriate steps to ensure the suitability of workers.

The staff we spoke with told us the recruitment process had been thorough and they had been informed they would not be able to begin working until satisfactory checks had been carried out and suitable references obtained. One staff member told us, "I was asked about my previous experience as well as my personal values, to see if I was right for the job, I then had to wait for all of my employment checks and references to be completed, before I could start my induction."

Staff were seen to wear uniforms when visiting people in their homes and were provided with photo identity badges. Staff we spoke with told us they were provided with personal protective equipment (PPE) including gloves and aprons. People we spoke with told us staff used gloves and aprons appropriately, when they were supporting them. We observed staff using the correct PPE during our observations. This showed us that the registered provider was taking steps to ensure good hygiene practice, reducing the risk of infection or cross contamination.

We looked at the records maintained for people's medicines and saw that the registered provider completed risk assessments and care plans which included how people preferred to take their medicine. During our observations of the administration of medicines we saw people's preferences for the way they wished to take their medication was respected and implemented.

Training records showed staff received training on how to manage and administer medicines in a safe way. The acting manager and care team leaders completed medication competency assessments on staff practice and regular on-going checks were carried out, through observations of staff practice. Records of these observations were in place.

Medication administration records (MAR) were used to record the medicines staff had either administered or prompted the person to take. These were regularly checked by the agency office to ensure medicines were administered as prescribed.

We saw that on any occasions where medication administration records had not been completed correctly,

an investigation had taken place and staff had been asked to complete medication training again. Following this further competency checks were carried out by senior members of staff to ensure the staff member was competent to administer medicines, before any further involvement with medicine administration.

Systems were in place to identify and manage foreseeable risks. The organisation had a business continuity plan which addressed risk to the running of the service such as a power failure. Staff also had phones which the office could use to send messages and contact carers at any time.

Good

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff that met and understood their needs. People who used the service and relatives we spoke with told us they were confident in the staff and their training. People told us they were aware of what they were entitled to under their care packages. They advised us during discussion, that they had no issues with meals or their food, explaining they had a choice of cooking themselves, friends cooking for them, care staff heating pre prepared meals or eating in the onsite restaurant.

People who used the service told us, "The carers will heat up some food for me if I need it." Another told us, "My care plan is only to help me get up in the morning. They are very efficient and organised and they are skilled to do the tasks asked of them." Relatives we spoke with commented, "I don't have to worry about my family member, I know she is being well looked after." Another told us, "Care is very good; staff have been excellently trained in dealing with my relative's condition." and "It's a joint collaboration on care with me, my relative and staff," "They [carers] are well trained and understand my relative's needs."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for people in the community must be made to the Court of Protection and the acting manager confirmed that currently there was no one who had a court of protection order in place.

Staff we spoke with they told us they had completed training in the Mental Capacity Act 2005 (MCA) and were aware of the legislation. Staff we spoke with were able to demonstrate knowledge of the MCA and how they would apply this in practice.

The acting manager and staff told us that everyone they supported in the supported housing had the capacity to say how they wanted their care delivered in their own homes. Professionals we spoke with confirmed these discussions and appropriate referrals had taken place.

We checked whether people had given consent to their care, and where people did not have capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures about these subjects were in place. Records showed people who used the service had signed their care plans to confirm they had agreed to the care and support outlined in the records.

People we spoke with told us staff always sought their consent prior to assisting them. Staff told us how they would seek consent prior to assisting people with their care and support. They understood people had the right to refuse care and in such situations, they would always contact the office for further support and advice.

Comments included, "I always check with the person and get their consent. Sometimes when they decline it may be that they want their routine changed slightly that day, so we will go back and try again a little e later, or it may be they are feeling unwell, in which case we would get in touch with the doctor and let the office know."

Staff told us they provided people with any support they needed at mealtimes and with meal preparation and they told us that meals could be obtained from the restaurant within the supported housing facility. When we spoke with staff they were able to describe the action they would take if they felt someone was not eating and drinking sufficient amounts. This included, recording people's food and liquid intake and reporting their concerns promptly to the senior management team and family members. Staff told us they always ensured people had access to food and drink before they left for their next call.

When we spoke with staff they were able to describe how they supported people with their health needs. Staff were aware of their responsibilities for dealing with illness or injury and told us they would call an ambulance or doctor if required and report any concerns to the office and the person's relatives. Staff told us they would support someone to contact a health professional if they felt this was needed or the person requested this. People who used the service and their relatives confirmed this and said, "They contacted me a while ago about a possible medical issue they noticed while bathing my relative which enabled us to get medical treatment straight away".

The acting manager and care team leaders confirmed that senior staff would make referrals to appropriate professionals if they felt someone needed additional support, or required further assessments as their needs had changed. We observed this in practice during the inspection. Professionals we spoke with confirmed this process to be in place and told us communication with the service was very good and they were regularly updated of any changes concerning people they had referred to the service. Records showed the agency had accessed support from care managers, occupational therapists, community nurses and physiotherapists when required. This meant people received holistic care and support that was appropriate to meet their individual needs.

A comprehensive induction programme was in place for all new staff joining the service. Staff were required to review the organisations policies and procedures, complete training that the registered provider had considered to be mandatory and additional training. Along with shadowing experienced staff this helped to support them in their role. Staff were regularly monitored during their probationary period to ensure they were confident and competent in their position. Staff we spoke with told us, "The induction was good and very informative; it gives you the opportunity to meet people and get to know them and how they like things done, before you start to support them." Another staff member told us, "It gives you the knowledge and skills to prepare you for the job. I asked for my probationary period to be extended until I was fully confident and this was supported."

The acting manager told us that all new starters were enrolled to complete the Care Certificate when they commenced their employment, and all staff were also automatically enrolled on the Qualifications and Credits Framework (QCF) level 2 diploma in Health and Social Care on completion of their probationary period. The Care Certificate is a set of standards that social care and health workers work to in their daily working life.

Staff we spoke with told us they felt they had enough training and were able to approach the acting manager if they felt they required any additional training and were confident this would be provided. Training provided included a mixture of in house face to face, external and some e learning.

When we reviewed the training plan, we saw that staff had access to a range of training that included protection of vulnerable adults, medication administration, nutrition and hydration, infection control, moving and handling, pressure care, diversity and inclusion, MCA and DoLS and fire safety awareness. More specialist training included, epilepsy and basic life support.

Staff we spoke with told us they felt supported in their role and received regular supervision and appraisal. Records we reviewed confirmed this. When we spoke with staff they confirmed that senior staff regularly worked alongside them and observed their care practices. The acting manager and staff told us that regular team meetings were held. We saw records of care observations and staff meetings.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that staff were kind and respectful and spoke highly of the care they received. Comments included, "Always a smile on their faces and they always have something to talk to you about. Others commented, "It's wonderful the care we receive here," "They're a good team of girls they really do care about us." and "It's brilliant here, I can't fault the care at all." "The carers are lovely they are kind and considerate" "I'm a very independent person and they help me only if I need it."

People we spoke with told us that they received care from a consistent group of staff in line with their wishes and preferences, and this allowed them to build up trusting and enabling relationships which they valued.

When we asked people who used the service and their relatives if they were involved in their care they told us, "Mums really happy there." and "They keep us informed about everything and if there are any problems they let me know." Others told us, "Probably the best thing is the relationship I have with the team who provide the care" and "They [carers] involve mum in their conversations. It maintains her dignity. "

Further comments included, "They [carers] support me as well. They phone and email me with any issues to keep me up to date." and "Absolutely, we worked as a team together the family and the carers, involving everyone in discussions and decisions," and "We worked closely together, [my relative] has trusted them implicitly and they [staff] are respectful, reliable and kind and provide very good care."

Staff were respectful of people's privacy and maintained their dignity. Staff told us they provided the support that people needed but were mindful of retaining people's dignity. One staff member said, "We should care for people as we would like to be treated." Another told us, "It can be quite difficult when intimate care is needed. In these situations we have to be mindful of how people may feel and put them at their ease, while maintaining their privacy and dignity."

The staff we spoke with demonstrated a good knowledge of the people they supported and their care needs and were able to describe people's personal preferences and details of their life history. Staff confirmed they read people's care records and this provided them with enough information to support them effectively.

One staff member told us, "For some people their care needs may change quite quickly; for example, we may notice someone's mobility is not as good, which hadn't been a problem before. This may be a sign they are starting with an infection, so we may need to call the doctor. Sometimes it may be the person is deteriorating and in these situations we always contact the office and get an assessment done so the person has the right equipment to help them to maintain their skills and independence as well as keeping them safe."

Staff understood the importance of promoting people's independence and this was documented throughout the care records we looked at. Outcomes people wanted to achieve were recorded, along with specific details of how staff could support individuals to achieve them. Staff told us, "We need to remember

that although people may take a bit longer to do things, it doesn't mean that they can't do things for themselves. We need to continue to support them and encourage them to continue to do things for as long as they are able." Another told us, "We need to make sure everything is recorded properly to reflect any changes so information can be shared within the team as things can change very quickly and people are able to get the support they need."

Staff understood the importance of keeping people's information confidential. They explained about not speaking about people's care needs in front of others and stated that information should only be shared with other staff members on a need to know basis.

The acting manager showed us the secure computer system where information about people who used the service and staff was held. They confirmed that computers were password protected and only staff who needed to have access were aware of the passwords. Any paper files were held securely in locked cupboards and only accessed by staff with permission. Everyone who worked at the service understood the importance of maintaining confidentiality.

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us the service was person centred and responded well to meeting their needs. They told us there were no restrictions on visiting and they were free to go where they wanted at any time. Relatives commented on the attention to detail staff observed and gave the following example, "They [carers] contacted me and asked if I could make sure to bring some orange juice, as my family member had run out. It's just a little thing but they realised it was a big issue for my relative."

Relatives told us the carers went over and above to ensure people who used the service had everything they needed and communicated well with them, keeping them up to date with any information they felt they needed to know.

People were supported by staff to contribute to the planning and delivery of their care. People told us they were involved in helping plan their own care and support package. Care records we looked at showed that people who used the service, their relatives and professionals (social workers and district nurses) were involved in contributing and reviewing how care packages were provided.

Before a service commenced a manager or care team leader completed an assessment of the person's needs and information was provided to help staff understand the care and support that was required. This information was used to create initial support plans and risk assessments that were then amended over time and more information was added as people's needs changed.

Staff we spoke with told us, "People's care plans get reviewed and updated when something changes" and "Any changes are shared with us quickly so consistency of care can be provided."

The staff team understood the care and support needs of each of the people they supported and were able to describe their individual needs and how these were met during discussion. They also had a good understanding of people's preferences for the way their support was delivered. One person who used the service told us, "All the girls are good. They know how I like to have things done and that is what they do." Another told us, "I am not afraid to speak up as the girls are very interested in what I want and involve me in all decisions about my care."

Care records described people's preferences and what people could do for themselves to maintain their independence. People's preferences, life histories and interests were recorded so that staff had holistic information about each individual. This helped to ensure that people received individualised care and support, in line with their preferences.

Each person who used the service received a plan of their care which detailed what support was required during each call. Staff completed daily communication records, which detailed the relevant support which had been provided to people, for example, food and fluid consumed, their physical and emotional well-being and medication administered. This information provided staff with an overview of what had happened for individuals on a daily basis and provided accessible information for staff between care calls.

Any concerns about people's well-being or anything considered to be unusual were immediately reported to the acting manager, for further advice and support. Staff spoken with gave an example of an occasion when they had noticed a change in one person's memory and orientation. They had contacted the senior staff who had arranged for an urgent assessment. Following this risk assessments and the person's support plan were reviewed and updated to ensure they were safe.

The service had complaints and compliments procedure in place and the registered provider followed this procedure to respond appropriately to people's concerns and complaints. People were provided with a copy of the complaints procedure when services commenced. The procedure detailed how concerns and complaints would be dealt with.

People told us they knew what to do if they were unhappy with the service. We looked at the way the registered provider managed and responded to concerns and complaints. Records showed people's concerns had been documented and responded to in an appropriate timescale. Staff had been informed about issues raised and any changes or improvements needed with their practice were addressed through supervision or at staff meetings.

Requires Improvement

Is the service well-led?

Our findings

We found the acting manager ensured the outcome of the meetings and surveys completed were analysed and a report produced and feedback given which detailed the findings, any areas of concern and how these were to be addressed. However we found that this was not consistent at provider level when surveys of staff were completed. Staff had raised issues and not all responses were positive, but we were unable to find action plans following analysis of these to demonstrate the action the registered provider would take to address these issues.

An example of this was when staff had raised concerns in their surveys following an incident during the night, where the pendant on call system had failed. They had been unaware of this until one of the people who used the service brought it to their attention. Staff had used their own mobile phones to report the fault. This meant systems and processes in place at registered provider level to assess, monitor and improve quality and safety of the services provided were not always affective in their purpose. We spoke with the regional manager following our inspection who offered assurances that any actions required would be dealt with.

We recommend that the service seek advice and guidance from a reputable source about improving feedback and communication.

Although the landlord has responsibility to maintain this equipment, we could see no evidence to show that regular meetings with the landlord to discuss this and other similar issues from staff took place in order to resolve the problem. The staff surveys once completed were returned to head office for analysis; we were unable to find any feedback or reports at registered provider level following the completion of the surveys. Therefore the quality assurance system in place was not fully effective in identifying and addressing shortfalls and required improvement to be fully effective. Improvement was required to ensure any shortfalls identified had clear timescales for action to be completed.

Further audits were completed in house by the management team of the agency to ensure the service was running smoothly and effectively. These included audits in relation to staff training, staff performance, care records, daily records and medication. We saw that where any shortfalls had been identified appropriate action had been taken and time limited action plans were put in place to address any shortfalls identified. This helped to ensure the service was continually developing with the involvement of people using the service and that people were receiving a quality service.

The acting manager told us how they monitored information relating to incidents, falls and accidents to make sure people were kept safe and to protect people's wellbeing. For example, senior staff told us that often people said they were able to do things independently and in some cases they had found their own 'workarounds' to do things. However these were not always found to be safe. These situations were reported and referrals made to the appropriate professionals for further assessment and any equipment required.

People who used the service told us, "I've no concerns about the place, if I had I'd speak to the manager"

and "I'm very happy." Other people told us, "I cannot think of anything that they could do better." and "I cannot think of any improvements I'd like to make, I feel very safe and the care is marvellous."

When we spoke with staff about the management of the service, they told us they felt supported. Comments included, "Yes if I ever have a problem I can talk to the senior staff at any time for advice or assistance if needed" and "I feel I can always go to any of the management with any issues. They are always willing to help out."

People who used the service told us they were able to contact the office and their query would be dealt with. They told us, "The senior staff come around quite regularly and check up on the girls and see if we are happy with everything" and "We are sent questionnaires to fill in to see what we think about things." Other people told us, "They want to know what we think about things" and "I know I can press my pendant at any time and someone will always come make time to speak to me."

When we spoke with the acting manager about their management style they told us, "I am quite easy going I try to be fair and open with staff." "There is a good team, they gel well together and work hard. Any ideas for improving care or the delivery of care, they are involved in."

There was a management structure in place to support the acting manager; this included two care team leaders and a regional manager. The acting manager considered the registered manager to be fair and consistent in their approach towards the staff team. They told us they encouraged and supported their staff team to be passionate about providing the best quality care and support.

The acting manager was aware of their responsibilities to notify the Care Quality Commission (CQC) and other agencies of incidents that affected the safety and wellbeing of people who used the service. The acting manager and registered provider promoted an open forum, providing staff with opportunities through supervision, surveys and staff meetings and to question practice and discuss what was and was not working.

The acting manager and senior staff were involved in different networking groups within the local community, in order to keep updated on best practice. Managers also attended management meetings where best practice initiatives were shared.