

# The Frances Taylor Foundation St. Anne's Apartments

## Inspection report

3e Lansdowne Road  
Hove  
East Sussex  
BN3 1DN

Tel: 01273739915  
Website: [www.ftf.org.uk](http://www.ftf.org.uk)

Date of inspection visit:  
02 November 2017

Date of publication:  
09 January 2018

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 2 November 2017 and was announced. Short notice was given to the service as it is a supported living service for people with learning disabilities and mental health issues. The staff needed to ensure people using the service were happy for us to visit them in their own apartments. This was the second comprehensive inspection completed on the service. The previous inspection was completed in June 2015 and rated the service overall –Good, with requires improvement in well-led, but no requirements were issued. Since the last inspection improvements had been made to show that the service fully monitored and analysed accident and incidents for any trends. They also ensured surveys completed were collated and themes and suggestions were actioned.

St Anne's Apartment is an extra care supported living service that provides care and support to adults with a learning disability and mental health needs. This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service is staffed 24 hours and had the governing ethos of a service that is flexible, a home for life whilst supporting people to be autonomous and independent. There were 14 people using the service at the time of our inspection. The age range of people receiving support varied from 21 – 80 plus years.

People who used the service lived in their own flats. Five flats were two-bedded, and five flats were single-bedded flats. There was also a communal dining area and kitchen along with outside gardens. The flats were located in two buildings with the service's office in one of these buildings. The Care Quality Commission (CQC) inspects the care and support the service provides, but does not inspect the accommodation they live in.

St Anne's Apartment's belongs to the organisation the Frances Taylor Foundation. The Frances Taylor Foundation is part of the UK charity the Poor Servants of the Mother of God. As a faith based charity the underlying principles of care and respect for each individual informs all of the organisations work. The charity has services across London, Sussex and Merseyside.

There was a registered manager in post. 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.

People said they loved living at St Anne's apartments, felt safe and well cared for. One person said "This is the best place I have ever lived. I love it here. I don't want to move."

The service was exceptionally responsive to people needs wishes and future goals. They worked

collaboratively with people, other professionals and organisations to ensure people had their diverse needs and wishes met. People had fulfilling lives doing what they enjoyed and being challenged to try new things.

People were at the heart of the service and staff worked hard to ensure a person centred approach kept people engaged, healthy and active. People were treated with kindness, respect and compassion. Their diversity and uniqueness was celebrated. Staff had developed strong bonds and good relationships with people and understood what was important to them.

There were sufficient staff with the right skills and experience to ensure people's needs and wishes were being met. Staffing covered a 24 hour period with people having specific hours as well as some shared care hours to enable them to be active and have fulfilling lives. Staff had comprehensive training and support to enable them to do their job effectively and safely. Staff knew people well, understood their needs and worked to honour their wishes and important routines.

People were protected from harm because there was a robust recruitment processes. Staff knew who to report any concerns about abuse to.

Care and support was well planned, with risks being clearly identified with positive support plans being used to reduce people's anxieties and behaviours which may place themselves or others at risk. People were supported in the least restrictive way; the policies and systems in the service supported this practice. Staff had received training on the Mental Capacity Act 2005 (MCA). Applications had been made to the Court of Protection where necessary where people's liberty was being restricted.

The registered manager and the provider of the service promoted strong values and a person centred culture. The staff and people said the management team had an open and inclusive approach. Good systems had been used to review the quality of care and gain people's views to improve the quality of care and support being delivered.

## 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 remains good

### Is the service effective?

Good ●

The service remains good

### Is the service caring?

Good ●

The service remains good

### Is the service responsive?

Outstanding ☆

The service has improved to outstanding

The service was outstanding in the way it responded to people's changing needs.

People received a personalised service that was planned proactively in partnership with them.

People's care was kept under continual review and the service was flexible and responsive to people's individual needs and preferences.

Staff responded quickly when people's needs changed and worked collaboratively with other specialists to get the right support for people.

People were actively encouraged to give their views and raise concerns because the service viewed all feedback received as a natural part of driving improvement.

### Is the service well-led?

Good ●

The service has improved to good.

The registered manager and the provider of the service promoted strong values and a person centred culture. These values were owned by everyone and underpinned every level of practice.

Staff were highly motivated and proud to work for the service.

They were continually supported and developed to ensure they provided quality of care. Staff were committed to the future of the service and making it the best it could be.

Robust quality assurance systems enabled the service to ensure that the service delivered support in line current best practice and always making sure that they put people at the very heart of every process.

# St. Anne's Apartments

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced. We gave short notice as this is an extra care support service and we needed to ensure people would be happy for us to visit them in their own apartments. We also needed to ensure there would be staff available in the service office.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is someone who has had direct experience or their relative had used registered services such as care homes and supported living services.

During the inspection we met and spoke with 11 people who used the service, eight staff including the registered manager, team leader and care staff.

We reviewed four people's care plans and daily records, medicine administration records, three staff recruitment files as well as audits and records in relation to staff training and support and safety records.

We looked at all the information available to us prior to the inspection visit. These included notifications sent by the service, any safeguarding information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We sent out surveys to people, families staff and professionals. 13 people using the service were sent surveys and six were received back. Ten staff were sent surveys and we received 11 responses back. 13 relatives and friends were sent surveys and we received three responses back. Five community professionals were sent

surveys and two responses were sent back. Their views and quotes are included in the main body of the report.

Following the inspection we asked for feedback from five health care professionals to gain their views about the service. We received feedback from three of them.

# Is the service safe?

## Our findings

People said they felt safe and well cared for. One person said "The best thing about living here is that I feel safe", another said "this is the best place I have lived in and I do not want to move."

The provider had developed clear processes and practices which helped to ensure people were protected from abuse. Staff all knew what concerns may constitute abuse and who to report these to. Staff had a high level of confidence in the management team and said they were confident any reported incidents would be followed up. Staff had received training on abuse including who else outside of their organisation they could report any concerns to. There were also clear policies and guidance which staff could refer to. All surveys returned from people, staff, families and community professionals said they felt people were fully protected from harm or abuse. All staff who returned surveys said they knew who to report any concerns to. There had been no safeguarding alerts raised in the last 12 months.

The service had considered how people using the service should be protected from discrimination and abuse. This included clear risk assessments about people's vulnerability in the local community, managing their finances and whether people would be able to make their needs known if not supported in the wider community, including communication needs. For example risk assessments included whether people needed additional support when their mental health had declined. They also had clear protocols for missing persons.

Risks were managed for each person to ensure their safety and well-being but also ensuring their freedom was respected. Support plans included risk assessments tailored to each person dependent on their needs. These included risk assessments on specific health conditions and how staff should support the person to stay well. Where a risk had been identified, there was clear guidance for staff to follow. For example, where a person had known triggers for their mental health deteriorating, their plan included how staff should support them to keep them safe. It also included a plan about how to support the person who shared a flat with the individual. Staff confirmed risk assessments were being continually reviewed and were used as working dynamic documents to help them plan how best to work with individuals. One staff member said "When I first came here, I had not worked in this field before. The care plans and risk assessments helped me feel confident in understanding what I needed to do in my role."

Safe recruitment practices were followed before new staff were employed to work with people. This included obtaining a Disclosure and Barring Service (DBS) criminal record check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were sufficient numbers of staff with the right skills and experience available throughout the 24 hour period to meet people's needs. People's assessed needs had been fully considered when planning staffing so that at key times there were more staff available to enable people to access the local community and take part in various activities. Some staffing was planned specifically for one to one support to people and other times hours had been used more creatively so that people shared care hours. This enabled the service



to offer more activities and support throughout the day and evening. People confirmed they had support and care delivered when they needed it as set down in their support plan. One person said "There is always someone available when I need them, I just have to press my bell." Another said "The best thing about living here is the staff. They know how I like things and they listen to me."

Tenancy agreements were in place for each person, which outlined the contract of their tenancy agreement along with the terms and conditions. People said they enjoyed having their own flats or sharing with friends and enjoyed the independence this allowed them to have. One person said "This is the best place I have lived in and I do not want to move."

People's medicines were managed and administered safely. Each person had a locked cabinet in their own flat and staff supported people to take their medicines at the prescribed times. Where people had been assessed to self-administer their own medicines, this was carefully monitored and reviewed at regular intervals. The provider information return detailed "The service has recently changed pharmacy to a local pharmacy who we are looking to work with to involve tenants who are able more within their ordering & collection of medication. Individual tenants have made steps to being more involved and independent in this area already." Staff confirmed they received medicine management training and this was updated annually. Senior staff said they checked staff competencies on medicine administration annually and more if needed.

The service ensured there was training and support for staff to help them understand and follow safe working practices in respect of infection control. People were supported with help from staff to keep their own flats clean. Where staff supported people with care such as stoma therapy, protective equipment such as gloves and aprons were provided. Staff received training in infection control and understood the principals of ensuring they and people they worked with were protected from the risk of any cross infection.

## Is the service effective?

### Our findings

People said they received care and support which was effective and met their needs. One person said "The staff are fantastic and know me well and know how to support me." Another person said they had diabetes but with effective staff support had lost weight and their condition no longer needed to be managed with medication, which they were extremely pleased about. All six people who returned our surveys said they received care and support from consistent workers who understood their needs. Relatives and community professionals all gave a positive response to this question, showing they felt the agency to be effective in providing the right care and support. Every respondent said they would recommend the service to another person.

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 this must be made to the Court of Protection. Nobody currently using the service had such an order.

We checked whether the service was working within the principles of the MCA. Some people had been assessed as having variable capacity. The assessments were clear about what sorts of decisions they were able to make and when they may require support. The registered manager said they had applied to the authorisation body, the court of protection on behalf of five people using the service, to have DoLS to help safeguard their rights and best interests. One person had a bed sensor to alert staff when they were getting up. This had been agreed as part of a best interest decision meeting to help keep the person safe at night.

Staff understood the principles of the MCA and how this impacted on the way they worked with people. Staff were keen to show how people's independence was always fully promoted and where support was needed, consent was always gained beforehand. Staff were skilful at ensuring people had maximum choice in their everyday lives. For example, when one person was seeking guidance and support from staff, the staff member asked them what they thought was the right thing to do and suggested they referred to their support plan to see what had been agreed.

Staff were skilled, experienced and well supported to provide the most effective care. Staff confirmed they received a comprehensive set of training, some of which was renewed annually. Some training was completed by staff on line and some was hands-on and classroom based. As well as covering all aspects of health and safety, more specialised topics were covered. These included stoma care, understanding depression and bipolar disorders, dementia and epilepsy. Staff confirmed they felt they had good opportunities for training to help them do their job effectively. One said "This organisation have been the most supportive I have worked in. I have learnt so much since I have been here."

New staff were given a comprehensive induction and completed the Care Certificate (recognised as best practice training). One staff member confirmed they had completed this training and said they had been able to shadow more experienced staff for a two week period prior to being part of the rota. They said they had been well supported by a manager who offered them supervisions and a mentor who helped them develop their skills and explore the role of being a support worker. Staff received regular supervision and an annual appraisal. These took place in one to one meetings, competency checks and staff meetings. This gave an opportunity to discuss further learning needs and gave staff feedback on their work performance. Staff confirmed they felt supported to do their job effectively. One commented in the survey "It is a great very open place to work. Staff often discuss care, how it is going and make suggestions about possibilities of new activities or different ways to work with someone that they have found that does or does not work for certain individuals. Manager takes on board all suggestions so you never feel silly saying anything no matter how trivial. My progression is pushed in a way that suits me and makes me feel comfortable. I personally feel very supported and was very excited as recently been promoted and very happy to do so in such a competent, consistent team."

People were supported to stay healthy and have access to healthcare services. Everyone said that they were supported to see health professionals whenever they wished. Care plans and daily records showed specialist healthcare support had been sought and guidance used when needed. For example one person had a stoma and staff had been trained to support them with regular input from a stoma nurse specialist. The provider information return stated that "Each individual has a health action plan and is linked in with their GP and a learning disability action plan is provided with areas of health to focus in on in the forthcoming year." One healthcare professional said "They (staff) keep clear and accurate records of their (people's) seizures/medication and always bring the records with them. They know when to ask for help and frequently email me directly if they have any questions or concerns. They appear to have good management systems in place."

People were supported to maintain a healthy balanced diet, taking into account their likes, dislikes and favourite foods. One person said that because they were diabetic, they were supported to plan their menu to ensure that they ate well. They said "I used to be insulin dependent but with the support of the staff, I have lost weight and now it is controlled through my diet." They felt very proud and believed this to be a great achievement that staff had fully supported them with.

People were supported to shop, budget and cook their own meals within their flats with varying degrees of support. The service also ran healthy eating groups and cooking sessions in the communal areas, which were well attended.

Communal areas were kept clean and well maintained. The service had also recently completed works in the communal garden to ensure this was more easily accessible for people with mobility difficulties. Lifts were available for people to access flats on higher levels.

# Is the service caring?

## Our findings

People said the staff were caring and showed compassion towards them. One person said "The staff cannot do enough, they are amazing." Another person said "Living here is like a second family, the staff genuinely care." All six people who completed the surveys said staff were caring and kind and that they were treated with dignity and respect. Similarly relatives and community professionals said they believed people were given respect and dignity.

The provider's mission statement was "treating the individual with dignity and respect and valuing uniqueness." It was clear from talking with staff, observing interactions and listening to a staff handover that these principals were embedded in staff practice.

It was clear the provider and service gave staff the time, training and support to provide care and support in a compassionate and personal way. Staff rotas were planned to ensure people had support for their personal care as well as emotional support needs. A shift planner was used to help staff plan their time to direct the care and support individuals as needed. One family member said "The staff will always give that little bit extra to ensure that the tenant's calendars are full and that new choices are always becoming available." Where people had specific communication needs, staff were provided with training to do sign language or understand peoples' specific ways of making their wishes known. Support plans and information was provided in accessible formats.

People were supported to stay in touch with family and friends and also to develop new friendships. For example some people had been supported to join a local community knitting group to meet new friends. The service provided support for people to visit and stay in touch with their friends and family members. There was a communal lounge and kitchen which could be booked for social events and family and friend get together's.

People mattered and it was clear positive relationships were developed between people and staff. Our observations of how staff interacted with people showed a great deal of compassion, warmth and a sense of fun and laughter. One person said "The staff are funny and we have good banter."

People were afforded choice and respect in the way their care and support was delivered. This took into account people's diverse needs. For example one person said "I only like female staff to support me with personal care, this is never an issue. I just ask for a female when I request support for my personal care." Staff had detailed knowledge of people's likes dislikes and diverse needs. They used this information to ensure the care and support being delivered took these into account in a sensitive way. For example one person had complex mental health issues which meant their support needs varied and sometimes required closer monitoring and more help with their personal care. Their support plan guided staff to do this in a discreet and sensitive way which would not upset or demotivate the person from doing as much as they could for themselves.

The provider extended their caring approach to the staff team. They offered staff appreciation days and a

yearly staff conference. This reinforced the idea that if the organisation valued staff and treated them with respect, these values translate into how the individuals who live at St Anne's were cared for by the staff team. One healthcare professional said ." I have met with most of the team and seniors over the past 18 months and have found them all to be very thoughtful, caring and reflective about their work. They always speak respectfully about the tenants and seem supportive of one another, valuing team cohesion and listening to one another's perspectives."

## Is the service responsive?

### Our findings

People, their relatives and visiting professionals all spoke exceptionally highly about how responsive and supportive the service was to people's individual needs. One person said "If I have an issue, I know I can talk to any of the staff or the manager, they either sort it or advise me on how I can sort it". Another said "This is the best place I have ever lived. Everyone is so helpful. I want to stay here forever." One relative who returned a survey said "Have witnessed the person thrive in the care of this organisation and their staff. Very professional and interpersonal organisation. Able to support a wide range of needs. The individual that I know is happy and content and supported to develop new aspects of her personality. Very positive impact." A community professional reported "I am very impressed with the management and staff I have met over the years and have seen people progress and develop positive and independent outcomes with the organisations support."

Staff used innovative and individual ways of involving people and their family, friends and other carers in their care and support plans, so that they felt consulted, empowered, listened to and valued. For example videos had been produced with the consent and cooperation of each person. These showed what each person had enjoyed doing in the past, what and who was important to them now and what their future wishes and dreams were. These were insightful and produced in a way which showed the service was working with each individual to help them think about their goals and plans. For example, one person had really wanted to gain paid employment, which the service had helped them to achieve. Staff said the videos had helped them better understand individuals and what was really important to them. People were proud of the videos they had produced. Everyone who responded to our survey said that the service listened to people and that they were involved in the decision making processes of their care and support.

Staff spoke passionately about people's achievements and celebrated their successes no matter how small their goal. For example staff talked about how well one person had developed since moving to the service. They described the person as being very shy and used almost no speech. They said now this person was chatty and involved in the local community and in the everyday running of the service. They had become a fire safety person helping staff check fire equipment. This had helped the person to overcome their fear of the fire alarm but had also given them a sense of purpose and an important role to play.

Staffing rotas were designed so that staff could offer a flexible approach to meeting people's needs. This included offering lots of opportunities for staff to spend time with people discussing their care needs and what things they would like to plan for the future. This had worked particularly well for one person who regularly changed their weekly schedule as they only attended activities for short periods becoming bored or feeling that they 'needed to be changing to be progressing.' It was challenging to respond to this ever changing support but the service was able to adapt and to seek out other enjoyable activities to stay truly person centred.

The care and support plans were reviewed and changed as people's needs changed. Everyone who responded to our survey said that the service listened to people and that they were involved in the decision

making processes of their care and support. The provider information return (PIR) highlighted "Emotional support' or 1 to 1 chat as we call it is provided as part of each tenants support package which is an allocated 1 to 1 time to discuss any thoughts and feelings that may be troubling the tenant. This allows a quick response to resolving conflicts and managing problems. In cases of further support referrals were made to the community learning disability team for consideration for cognitive behaviour therapy, counselling & art therapy." This showed the service worked well with other agencies when people's needs changed. For example, one person had a number of anxieties which resulted in their mental health deteriorating. Working with the psychologist, they had been able to work out triggers and ways in which they could help prevent the person becoming distressed. Another example of how they worked well in responding to changing needs included involving occupational therapists when they noted that people's physical needs may have changed. They worked with professionals to ensure the person had the right equipment to keep them as independent as possible, and remain in their own flat.

Visiting professionals said the service was focused on providing person-centred care and support, and achieved exceptional results. One said "This organisation is truly person centred. I have seen really positive results from the way they have worked with people to gain independence and try new things. People seem to flourish in this service." Another said "I would have no hesitation recommending this service or asking them to take care of someone important to me." The service had developed links with a clinical psychologist who met with the staff team every six weeks. They said "They have consistently taken on board ideas from our sessions, adopting new psychologically informed models of working."

The service understood the needs of different people and groups of people, and delivered care and support in a way that met these needs and promoted equality. It was clear from discussions with staff, observations of interactions and in the detail of support plans that equality and celebrating people's individuality and diversity was at the heart of how the service operated. For example one person had a passion for purchasing particular items. Staff spoke with them about these purchases and shared their favourite purchases, colours and what they had bought recently. People told us their views, opinions and ideas were valued.

People had a wide choice of diverse activities and interests. For example some people had artistic talents and the service had teamed up with a local arts project who had helped people develop their skills and was now showing exhibitions of people's art work around the country. Others had work experience and paid work in various shops and local businesses within the local community. Staff supported people to maintain these placements and were clearly proud of the achievements people had made in gaining employment. Others wanted to meet new friends and had become involved in a local knitting group. These examples showed how arrangements for social activities, education and work, were innovative, met people's individual needs, and followed best practice guidance so people can live as full a life as possible. Staff said they were continually looking for new things for people to try.

Staff had opportunities for learning, development and reflective practice on equality and diversity, both individually and in teams, which influenced how the service was being developed. This was done via regular training sessions, six weekly psychologist sessions and debriefing sessions. The service also had in depth handover meetings where staff were able to discuss the progress of individuals and how best to work with people. Equality and diversity were key areas the services ensured staff had in depth training and support on so this reflected in their everyday practice. The PIR said that for future learning staff would also be looking at 'mindfulness' and exploring ways they could help people with relaxation techniques and help with anxiety.

Support plans clearly identified what individual people's specific communication needs were. This included how best to communicate with individuals. For example asking staff to use simple instructions, only giving one or two choices and allowing plenty of time for people to respond. Menus and daily activity programmes

were in accessible formats that people could easily understand. This enabled them to know what choices they were able to make and what to expect from each day. Staff said they found support plans really useful. They said that having information available to people in accessible formats was important in ensuring people could make choices and understand what was going on in their day to day lives.

The service had a complaints and compliments folder. The complaints process was available in an accessible format. People said they could make any concerns or complaints known. All six people who responded to our survey said the staff and agency responded well to any complaints or concerns they raised. They all also said that managers were accessible to deal with any concerns or complaints they raised. Similarly family and visiting professionals said they were 100% confident in the management and staffs ability to deal with any concerns or complaints. The complaints log showed how the service had dealt with complaints over the last 12 months. Complainants also received a written response with actions taken to negate any further problems if possible.



# Is the service well-led?

## Our findings

People, family and visiting professionals were all positive about the management approach of the service. They felt the service was well managed and 100% said the service strived hard to continually improve the quality of care and support they provided to people. One person said "The manager is brilliant and she has put together a fantastic team."

At the previous inspection completed in June 2015, this domain was rated as requires improvement. This was because incidents had not always been analysed. At this recent inspection we found improvements had been made to show that the service fully monitored and analysed accident and incidents for any trends. They also ensured surveys completed were collated and themes and suggestions were actioned. For example one suggestion from family and friends about making the communal garden more accessible had been actioned.

The leadership team were forward thinking and inclusive. The registered manager was supported by team leaders and senior support workers. They worked proactively with other organisations to ensure that they were following best practice. For example they worked closely with the local learning disability team and psychologist to ensure their work with people with complex needs followed best practice. The provider also visited monthly providing support guidance and monitoring to the service. The organisation had recently achieved Investors in People Award. People and staff were valued and the provider had various ways of ensuring their views and opinions were gathered and listened to. This was achieved by having regular team meetings, flat meetings and one to one sessions where people and staff views were gathered. The provider also had annual surveys where results had been collated and an accessible format of results were produced which said 'you said, we did...'

Staff had a high level of confidence in the management approach. They felt it was open and inclusive and all agreed they were valued as members of the team. One said "This is the best place I have worked. We are given lots of opportunities to learn and develop our skills and the management team are fantastic."

The vision, values and ethos of the service promoting dignity and respect and valuing uniqueness was clearly embedded in staff practice and the records used. Support plans were written with these values in mind. Staff understood the ethos and worked in a way which ensured people were at the heart of the service. The management team talked passionately about ensuring they always worked to continually improve and to always offer a person centred approach to each individual. One healthcare professional said about the staff team "They always speak respectfully about the tenants and seem supportive of one another, valuing team cohesion and listening to one another's perspectives."

The registered manager was meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration. Their rating was clearly displayed in the communal hall.

The service had systems for ensuring quality monitoring was a continual process which included external

and independent audits. This included auditing records in relation to support plans, medicines and management of money. There were also audits in relation to ensuring the environment was kept clean and safe for tenants and staff.