

Autism Hampshire

Autism Hampshire - 102a Brockhurst Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Autism Hampshire-102a Brockhurst Road is a residential care home providing personal care to four people at the time of the inspection. The service can support up to four people.

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

Risks associated with people's care were not always fully assessed and care plans lacked detail. This included management of behaviours and nutritional risks that could impact on people's health. Improvements had been made, but further work was needed to improve information for staff to keep people safe.

People were supported by a staff team that were committed to getting their support right. We saw improvements in the amount of staff supporting people and they understood people's needs and how to meet them safely. However, recruitment had been challenging for the provider and they were continuing work to build a strong supportive staff team.

Staff had received appropriate training and support to enable them to meet people's needs. They received supervision to help develop their skills and support them in their role, although this had not always been consistent.

People received their medicines safely and as prescribed. Arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines, but improvements were needed to ensure records were signed for as required.

People were not always supported to have maximum choice and control of their lives and staff and the management team needed to further consider how to do so in the least restrictive way possible and in their best interests; the policies and systems in the service were being improved to support this practice. We have made a recommendation about this in the report.

Recruitment processes were safe to ensure only suitable staff were employed. Staff knew how to keep people safe from harm. The provider had a policy and procedure for safeguarding adults and the manager and staff understood the signs to look for.

The environment had been improved since our last inspection and this meant it was more suited to people's needs.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right support: The provider was improving their model of care and the environment to maximise people's choice, control and independence.

Right care: People's care was being improved so that it could better recognise people's individual needs and choices. People were not yet fully involved in planning their care. We saw examples of how people's care had improved to promote their dignity, privacy and human rights.

Right culture: We saw improvements since the last inspection and the vision, values, attitudes and behaviours of the management and care staff were starting to support people to be confident and empowered in living in the community.

The manager and staff were proactively working with external professionals to ensure people received effective and safe care.

There was a clearly defined management structure and regular oversight and input from the provider. Staff morale was improving, and they were positive about the management of the service and told us the manager was supportive and approachable.

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

Rating at last inspection and update

The last rating for this service was inadequate. (published 21 January 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 20 January 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. This service has been rated inadequate or requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced focussed inspection of this service on 1 December 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, risk management, safeguarding, staffing, the environment, person centred care, consent and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Autism Hampshire–102a Brockhurst Road on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about further improving records for mental capacity assessments, best interest decisions and restrictive practice.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Autism Hampshire - 102a Brockhurst Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Autism Hampshire-102a Brockhurst Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Autism Hampshire-102a Brockhurst Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post, but a new manager had recently commenced working in the service and was applying to register, they are referred to as the manager

throughout this report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications. Notifications are information about specific important events the service is legally required to send to us. We received feedback from the local authority and external professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

People living in the service had no or limited verbal communication. Therefore, we carried out observations of people's experiences throughout the inspection and used a communication tool to help capture one person's views. We spoke with eight members of staff including care staff, the manager, the deputy manager, the area manager and the provider's operations manager. We reviewed a range of records. This included four people's care records and medicines records. We looked at three staff files in relation to recruitment and induction. A variety of records relating to the management of the service, including accident and incident records and policies and procedures were reviewed. We sought feedback from people's relatives but did not receive any responses.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service required further improvement to ensure it was safe and to provide assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection the provider failed to ensure people were provided with safe care and treatment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risks to people had been assessed and were regularly reviewed. However, further detail was needed to ensure staff had clear information about how to support people in line with known risks identified in their care plans. We discussed this with the manager, who had already started to update risks assessments for people. The updated risk assessments we saw had good clear information and were robust, including a level of detail that would support staff to safely meet people's needs.
- People's care plans evidenced support and guidance from external health professionals. One person's care plan showed regular involvement with multiple external professionals to assess and review on-going risks and to agree how staff should support the person to improve their outcomes. However, we found there was some out of date information in care plans and further improvements were needed to ensure guidance for staff was improved so that consistent support was provided. We discussed this with the area manager and who told us they were reviewing information within people's care records and updating them. The manager demonstrated a high level of experience and knowledge to be able to improve care planning and risk assessments.
- We previously identified that the environment presented risks to people and staff. The environment had been significantly improved since the last inspection. Walls had all been re-plastered and the service had been redecorated, including a new kitchen. However, the outside space needed some further improvements to make it more accessible and inviting to people. Some work had commenced on this and we saw people had been supported to grow vegetables. In addition, during our inspection a group of volunteers were working on improvements to the outside space and putting in new plants.
- Environmental audits had been completed and there was a clear process in place to ensure where maintenance work was required, this was completed in a timely way. During our inspection we observed an electrician attending to complete some work and a door lock which had been broken, was repaired the same day. Gas, electrical and legionella risk assessments were in place and these systems were safely maintained.
- Fire alarm, door and emergency lighting testing had been completed as required and fire drills had been carried out. Staff had completed fire training.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider failed to safeguard people from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- There were safeguarding policies and procedures in place to protect people from the risk of abuse. Staff understood types of possible abuse and how to identify these. We saw records that demonstrated staff and the management team recognised when incidents needed to be reported to the local authority safeguarding team and CQC. One staff member said, "I would report anything that was possible abuse whether verbal, physical, financial or anything that impacted negatively on people's human rights." Another said, "We report anything you don't feel is right. This can be escalated to the manager or area manager and we can whistle blow or raise [concerns] with the [local authority] safeguarding team."
- The permanent staff employed knew people well and were able to recognise changes in people's behaviour to reduce the likelihood of an incident. However, agency staff were being used regularly and the manager was supporting them to understand people's needs. In addition, they were seeking ongoing support from external health professionals to continue to develop and improve guidelines to manage risks from some behaviours. This was important so the right support at the right time for each person, could be provided.
- Staff received training in safeguarding procedures, and records showed that safeguarding investigations were completed, and lessons learnt from incidents was shared with the staff team to reduce the risks and mitigate any repeat incidents.

Staffing and recruitment

At the last inspection the provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- People were supported by enough staff to meet their individual needs. We observed staff had time to support people with individual activities, to go out and to provide emotional support when needed. However, the provider had experienced challenges with recruiting permanent staff and agency staff were being used regularly. One external professional expressed concern that the agency staff did not always know people well enough to meet their needs. We discussed the use of agency staff with the manager who told us they used the same agency staff regularly, were supporting them to complete the providers training, understand people's needs well and attend staff meetings. This was so they could improve their effectiveness and be supportive members of the staff team.
- Staff rotas demonstrated people received the right amount of support. Information about the individual support each person received was recorded in their care records and there was built in flexibility. The manager was continuing to assess people's individual needs and as a result staffing support had been increased for one person. They were working with external professionals to review other people's support needs. This was having a positive impact on wellbeing for people living in the home.
- Recruitment procedures were safe, to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to be as independent as possible with their medicines.

- Staff had received training in medicines administration; however, medicine administration records [MAR] charts were not all completed as required. For example, where people were prescribed topical creams and medicated toothpaste, staff had not always recorded the application or use of these prescribed treatments. The manager was aware of this and taking action.
- People who received 'as required' medicines had protocols in place to support staff to understand when these should be given and how people liked to take them. However, these protocols required some additional detail to ensure staff would clearly understand when to give them. For example, one person was prescribed a medicine to manage agitation. There was not enough detail for staff to recognise when to give this. Some information about these were in people's care plans, but this was not kept with the medicine's administration records, meaning people may not always receive these when required. The manager was taking action to improve these.
- There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely and in accordance with best practice guidance.

Preventing and controlling infection

- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. However, there was an increased infection control risk from one person's behaviour, and this had not been recognised or mitigation put in place. We discussed this with the manager and a risk assessment with guidance for staff on how to reduce this risk, was promptly completed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider would admit people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to have visitors to the home and were supported to go out and meet with their relatives or friends as they chose. Safe processes were in place to facilitate this.

Learning lessons when things go wrong

- Accidents and incidents were recorded by staff, and action taken, where needed. The manager reviewed all accidents and incidents to investigate the cause, learn lessons and take remedial action to prevent a recurrence. One staff told us, "We have an incidents folder on the computer where we record on a form after an incident, put [a copy] in the incidents folder and email the manager to tell them, so they can review what happened."
- Staff were informed of any accidents, incidents and near misses. These were discussed during handovers between shifts and in a weekly email the manager sent to update them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support needed further improvement to achieve good outcomes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

At the last inspection the provider failed to provide care and treatment with the consent of people or in their best interests following mental capacity legislation. This was a breach of regulation 11 of the Health and Social Care Act 2008 (regulated Activities) regulations 2014 (Part 3). Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments had been completed for people and were appropriate for the decisions being made. However, these required further detail. For example, records of best interest decisions made did not always demonstrate different options had been considered and were the least restrictive, in line with MCA guidance. One person had significant restrictions on their liberty and their MCA and best interest records did not fully reflect this. We discussed this with the manager, who took prompt action to update the person's MCA records, and make the required improvements. All other people's records needed reviewing to ensure more than one option and the least restrictive option, was considered when making best interest decisions.

We recommend the provider reviews people's restrictions and how they record capacity assessments and best interest decisions in line with the principles of the MCA.

- Staff had an understanding of the MCA and how this impacted the people they supported. This meant people's rights in relation to decision making, were considered in their daily lives. One staff member said,

"People are able to [make choices] if we use simple verbal questions. They can indicate a verbal response, or we can use a communication board, a picture exchange communication system [PECS] or objects of reference." Another staff member was able to describe to us the five principles of the MCA. This demonstrated that the training they had received was embedded in their knowledge.

- The provider understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) to the authorising authority and making notification to us about those applications being granted. There were systems in place for monitoring these and ensuring they were kept up to date.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

At the last inspection the provider failed to provide people with person-centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People's needs and choices had been assessed. However, the manager was in the process of making further improvements to ensure the service worked within the principles of CQC's right support, right care, right culture guidance. For example, by involving people and/or their representatives and continuing to review their care and support needs with health and social care professionals. Information about people's individual needs and preferences was being further developed to ensure up to date and accurate information was available.

- People's care plans were in a paper-based format; however, the provider was planning to change to an electronic system once the staff team had been strengthened. This was so information could be more easily kept up to date and accessed by staff, using handheld devices.

- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

- People had seen external health professionals to monitor their health needs. For example, people had all seen a dentist and an optician recently. All people had an annual health check with their GP and one person was receiving ongoing support to address their health needs.

Staff working with other agencies to provide consistent, effective, timely care

- The manager was very proactive in working with external professionals to review and improve people's needs. We saw evidence of regular contact with external professionals to seek advice, support and to take action where needed. This was clearly done to improve the wellbeing of people living in the home.

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

At the last inspection the provider failed to ensure the environment was properly maintained. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection and the provider was no longer in breach of Regulation 15.

- The service was clean and had been recently decorated throughout, including a new kitchen. People could move around freely.

- There was a lounge and a separate dining room with patio doors leading onto an accessible garden. However, further work was needed to make the outside space more accessible and inviting. This was in progress at the time of our inspection visit.

- People's rooms were personalised and reflected their personal interests and preferences, in line with their individual needs.

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

At the last inspection the provider failed to meet a person's nutritional and hydration needs. This was a

breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People were encouraged to maintain a balanced diet. There was a menu in place and people had been involved in choosing the meals they wished to eat. Staff told us they tried to encourage health eating where possible. For example, one person's favourite food was burgers. Staff were supporting the person to make homemade burgers using lower fat content meat and to have with salad instead of chips. However, this was not always consistent and further work was needed to encourage and support people to understand the food choices they were making. We discussed this with the management team, and they told us they were continuing to look at ways to develop and improve people's nutritional choices and were supporting staff to improve their skills and knowledge in nutrition.
- People were given a choice of what they would like to eat at each meal, and the menu could be adapted to suit their wish. A staff member told us, "I offer [food] choice to people as they are able to make clear choices."
- One person had significant restrictions on the amount of fluids they could have each day due to a physical health need. This caused the person to have behaviours linked to the continual desire to drink. Fluid charts were in place and these showed the person was receiving their agreed level of fluids each day. This restriction had been recently reviewed and the manager was working closely with external health professionals to monitor and agree if there were different or improved ways to support the person.

Staff support: induction, training, skills and experience

At the last inspection the provider failed to ensure staff received appropriate training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff told us they had received the training they needed to support people. There was a training matrix which showed what training staff had completed and where updates were required. Where staff needed to complete refresher training, this had been identified and was being booked in. One staff member said, "The training I have had over the years has been very good and comprehensive with [provider]." Another told us, "Yes, I have had the training required to do my job."
- New staff were supported through an induction which introduced them to the day to day running of the service and people who lived there. They spent time shadowing colleagues until they were confident working independently. If staff had not already achieved the care certificate, they were supported to do so. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received supervisions, but these had not been consistently provided. We discussed this with the manager who was aware and booking all staff in for regular supervisions. This is important to give staff the opportunity to discuss their progress, any concerns they may have and their development needs.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership needed further improvement. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider failed to operate effective systems to assess, monitor and improve the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The service did not have a registered manager in place; however, a new manager had started a few weeks prior to our inspection and had been proactive in identifying areas that required further development or improvement. The providers action plan highlighted the action for the new manager to commence their registration with CQC as soon as possible to ensure the provider met their registration requirements.
- The provider had improved their auditing systems to monitor the quality of the service. Following the last inspection, they had taken immediate action to resolve some of the concerns found and now had an active action plan, which enabled them to effectively monitor systems and continue to develop and improve the service, where needed.
- However, systems and process still required further embedding and some records needed further improvement. This included, records in relation to risks to people, medicines recording, restrictive practice guidelines and MCA records. You can find more information about this in the Safe and Effective sections of this report.
- There was a management structure in place, consisting of the provider's senior management team, the home manager and a deputy manager. They were clear about their roles and responsibilities.

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

At the last inspection the provider failed to seek and act on feedback. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The manager was very visible in the home and regularly spent time with people and observing staff interactions. They told us they wanted to ensure a person-centred culture was further embedded and people and staff could approach them and could express their views and wishes.
- The provider sought feedback from people and their relatives through an annual survey. However, they did not always get a high level of response. The survey used with people was not accessible to those with communication barriers. For example, it was not in a visual format using pictures or symbols to aid

communication. The provider told us they recognise this is needed and were developing this.

- The manager was developing relationships with people's relatives and had regular contact with them to keep them informed of events and changes.
- Staff told us they felt supported by the manager and although there had been low morale, this was improving. One staff member said, "The new manager has definitely made things better and she takes a proactive approach to people." Another said, "[Morale] has been fairly low but it has recently improved under new management."

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

- People's care plans contained relevant information, but they required additional details to develop them into person centred care plans that were accessible to people. Care plan audits were being completed and the manager had identified where improvements were needed and was taking action.
- We received mixed responses from staff about all staff understanding and meeting people's individual needs, due to longer term staff leaving and recruitment ongoing. Although agency staff were being regularly used, staff felt they did not always know people's needs well and this impacted on workload. However, as described in the safe section of this report, the manager was supporting agency staff to receive training and understand people's needs well.
- However, staff demonstrated that they cared about the people they were supporting and had the skills and knowledge to meet their needs. For example, we observed staff calmly supporting one person after recognising changing behaviours, by giving them some gentle hand massage and the manager acknowledging another person who wanted to listen to music and then singing along with them. Although the principles of Right Support, Right Care, Right Culture were not yet fully met, this demonstrated an improving culture within the service.
- The manager had high expectations about standards of care the service needed to provide for people and were committed to getting things right and providing a person focused service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and provider were aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received as required, which meant that CQC could check that appropriate action had been taken.
- The previous performance rating was displayed in the office and on the providers website.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. Records confirmed that this policy was being followed.

Continuous learning and improving care; Working in partnership with others

- The manager and staff team had improved their engagement with external professionals. This ensured people had the right support in place and any health needs were identified and action taken where needed.
- We observed that both the manager and provider's senior management team were very open to advice from external professionals and sought to implement new ways of working as a result.
- The provider had arrangements in place to support the manager in their professional development. For example, regular managers meetings and development days were held with managers from all the providers services. Any incidents that had occurred in any of the providers services, were discussed so that lessons could be learnt, if needed. This meant that the manager would be supported to keep up to date with latest guidance and best practice.
- The management team demonstrated they were committed to getting things right for the people they support. Our inspection feedback was immediately incorporated in the service action plan and some

aspects were acted upon during inspection.