Care Quality Commission

Priory Education Services Limited

Priory Highfields

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?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 12 December 2017. It was an unannounced inspection. Priory Highfields is a care home that provides accommodation and personal care. Priory Highfields is registered to accommodate eight people. At the time of our inspection eight people were using the service. Priory Highfields accommodates people in two adapted houses and a detached bungalow, converted from a former garage. Each house and the bungalow has a lounge, kitchen and dining area and provides access to enclosed gardens. The home also provides a day care facility for one person.

The service had 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. The registered manager was absent from the service. The provider had appointed an acting manager who was working at the service during our inspection visit.

At the last inspection, the service was rated as Good. At this inspection, we found the service had improved their rating to outstanding in Responsive by demonstrating they provided tailored, flexible support that consistently met people's individual needs and preferences and the service remained Good overall. People were supported to live full lives and received care that was personalised to their individual needs. Staff used innovative and individual ways of involving people in making decisions about their care and support and supported them to engage in varied activities which were personalised to meet their individual needs and wishes. Staff worked collaboratively with other professionals to ensure people received care based on best practice. People's support plans reflected their views and were reviewed when their needs changed. People's diversity was recognised and promoted by the staff and people were supported to follow their religious beliefs and to maintain important family relationships. People were supported to raise any concerns or complaints. The staff and acting manager were approachable and were confident any concerns they raised would be listened to an acted on.

People continued to receive safe care. People were protected from the risk of avoidable harm by staff who understood their responsibilities to identify and report any signs of potential abuse. We saw that concerns were taken seriously and investigated thoroughly to ensure lessons were learnt. Risks associated with people's care and support were managed safely and relatives were confident their family members were safe and well cared for. People received their medicines when needed and there were suitable arrangements in place in relation to the safe administration, recording and storage of medicines. There were sufficient, suitably recruited staff to meet people's needs. Staff felt valued and supported in their role.

People continued to receive effective care. Staff received training and support to meet the needs of people at the service and were supported and encouraged to develop their skills by the acting manager and professionals working with the service. People were supported to have maximum choice and control of

their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to have a varied and healthy diet and to access other professionals to maintain good health.

The care people received remained good. People looked relaxed and happy in the company of staff and had formed positive, caring relationships. Staff were kind and caring, understood how people communicated and supported them to make choices about their care. People's privacy and dignity were maintained at all times.

The service remained well led. There were suitable systems in place to assess, monitor and improve the quality and safety of the service. These were monitored by the provider to ensure any improvements needed were made in a timely way. The provider listened to the views of people using the service and their relatives to make improvements in areas such as the environment and activities.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service has improved to Outstanding. Staff continually looked for ways to improve communication to ensure people received personalised care. People's diverse needs were recognised and staff supported them to engage in activities that met their individual needs and preferences. People's care plans focussed on their needs and wishes and were kept under continual review. People were supported to raise any concerns about their care and support and were confident these would be addressed.	**Outstanding** ☆
Is the service well-led? The service remains Good.	**Good**

Care Quality Commission

Priory Highfields

Detailed findings

Background to this inspection

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

Priory Highfields is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Priory Highfields accommodates eight people in two adapted houses and a detached bungalow. The people who live at Priory Highfields have have learning disabilities and autism. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection on 30 December 2016, the service was rated as Good; at this inspection we found the service had improved their rating to outstanding in Responsive and the service remained Good overall.

The unannounced inspection visit took place on 12 December 2017 and was carried out by one inspector. We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. We also 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 were unable to hold conversations with people who used the service because of their complex needs and limited verbal communication skills. We therefore spent time observing how staff interacted with people who used the service. We watched how staff supported people and cared for them. We did this to understand people's experience of living at the service. We spoke with three relatives, four members of care staff, the administrator, the acting manager, the deputy manager and the provider's

operations director and quality manager. We also telephoned a member of the provider's positive behaviour support team, who worked closely with the service and a speech and language therapist who was assigned to the service. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at two staff recruitment and training records and records relating to the management of the service including quality audits of medicines, the control of infection and safety of the premises.

Good

Is the service safe?

Our findings

At this inspection the provider continued to protect people from potential abuse, harm and risks and the rating for this key question remains 'Good'.

People had positive, trusting relationships with staff who understood their needs and how to keep them safe. A relative told us, "Staff know [Name of person] well and recognise their needs; they are definitely safe, I never worry about things like that". We saw that people looked relaxed in the company of staff and that staff understood when people indicated what they wanted to do. Staff were aware of the signs to look for that might mean a person was at risk of abuse and knew how to report their concerns for investigation by the local safeguarding team. One member of staff told us about a concern they had raised with the acting manager. They told us, "It was reported to safeguarding and a full investigation carried out". This showed us the staff understood their responsibilities to protect people from the risk of abuse.

Staff understood the risks to people's wellbeing and how to manage them. For example, discussions showed that when people behaved in a way that may challenge themselves or others, the situation is managed in a positive way. We saw that detailed plans were in place to guide staff on how to support people to manage their behaviour. When changes occurred, these plans were reviewed and staff involved other professionals to understand and reduce the causes of this behaviour to minimise the distress to people. The acting manager told us, "We know people very well and recognise what triggers their behaviour; when this escalates, we involve other professionals to identify strategies to minimise risks and support people to manage this safely". We saw that other risks to individuals were managed positively to minimise restrictions on people; for example adaptations had been made to a person's bathroom to ensure they were able to access it independently and safely.

People received their medicines when needed. We saw that medicines were stored securely and staff were trained and monitored to ensure they followed safe practice. When people received their medicines on an 'as required' basis, staff had clear guidance on when they were needed. Staff told us and we saw that medicine records were monitored on a daily basis to ensure people received their medicines as prescribed.

The provider had systems in place to review when things go wrong to ensure that lessons were learnt and that action was taken to minimise the re-occurrence. A member of staff told us about an incident that had occurred when a person had become upset and distressed and a complaint had been made to the service. A record of the incident had been completed and the staff team had considered and implemented strategies to reduce the possibility of it happening again.

There were sufficient staff to keep people safe and ensure they lived full, active lives. Staff told us and we saw that each person was assigned a dedicated member of staff to support with them at the home and with their planned activities. At night, waking night staff were rostered on to keep people safe. On the day of our inspection, some people were going out to the local theatre. We saw the provider ensured there were sufficient staff available to support this activity and the people who remained at home. Staff told us and

records confirmed that the provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. This showed us the provider had suitable arrangements to ensure there were sufficient, suitably recruited staff to meet people's needs at all times.

People were protected by the prevention and control of infection. We saw that the home was clean and personal protective equipment was available for staff and people who live at the home to use when needed. We saw the staff had received training and followed clear policies and procedures to maintain high standards of cleanliness and hygiene in the home.

Good

Is the service effective?

Our findings

At this inspection, we found people continued to be supported in an effective way. The rating for this domain remains good.

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 or themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had a good understanding of the MCA and DoLS. We saw that where people lacked the capacity to make certain decisions, staff had involved relevant people and professionals when needed and recorded their actions and assessments. Staff identified how people were being deprived of their liberty and the relevant applications had been made for legal authorisation. We saw that these were monitored and any approvals notified to us as required.

We saw that people were encouraged to make day to decisions about what time to get up, what they had to drink and when they went out. A relative told us, Staff understood their responsibilities to support people to make their own decisions as far as possible. One member of staff told us, "You should always presume that people have capacity, the first thing to do is ask". This showed us people were supported to have as much choice and control over their lives as possible.

Staff were trained and supported to meet people's individual needs effectively. One member of staff said, "The training is really good and it's always tailored to the individual needs of people here". For example, we've recently had some training around one person's specific sensory needs, for example touch and smell, which helps us understand and communicate better with them". Staff also told us about the training they received to manage behaviour that challenged, which focussed on positive behaviour support to minimise the need for restraint. We saw that new staff received an induction which included shadowing more experienced staff and completing a range of training relevant to the needs of people using the service. One member of staff told us, "It isn't my first job in care but I haven't supported people who have autism before and the training has helped me to understand their needs". They added that they had received feedback on their progress from the acting manager, "All the staff have been great; I'm due to have another meeting with the manager but their door is always open". The acting manager confirmed that staff who were new to care completed the nationally recognised Care Certificate, which supports staff to gain the skills needed to work in a caring environment. These arrangements showed us staff were trained and supported to provide

effective care in line with best practice.

People were encouraged to have choice over their meals and take part in meal preparation. We saw that menu choices were offered in a pictorial format and staff were aware of any specific dietary needs. Staff were aware of people's specialist dietary needs and explained how they managed this to ensure they continued to have as much choice as possible. Staff monitored people's weights and where needed, advice from other professionals such as the dietician was acted on. For example, we saw that one person's nutritional supplements had been increased in accordance with the dietician's advice. This showed us people were supported to maintain a healthy diet.

People were encouraged to maintain their health through regular health appointments and check-ups. Staff told us they looked for changes in people as some could not communicate how they were feeling. A relative told us, "The staff are proactive, if they think there is anything wrong they contact the GP and follow their advice". One member of staff told us about a person who needed some dental treatment, "We knew that they would become anxious and so we did some de-sensitising work with them to prepare them for it. For example, we brought in a mask for the person to try on their face and explained that it would be used in the treatment". We saw that when people's needs changed, staff worked collaboratively with other professionals, including the community learning disability team, to ensure people maintained their health and wellbeing.

We saw that people were involved in decisions about their home environment. People's rooms had been designed to their individual taste and their personal belongings were on display. A quiet room was available which people could use if they wanted to be alone. Where risks had been identified with the safe use of items such as televisions, adaptations had been made which kept people safe whilst promoting their independence. For example, some television sets had been placed in non-breakable units. Assistive technology such as door sensors were also used to meet people's care and support needs and promote their independence, in line with their best interests.

Good

Is the service caring?

Our findings

At this inspection we found people continued to be supported in caring way by staff. The rating for this domain remains good.

Relatives were positive about the staff and told us they treated their family member with kindness and compassion. One relative said, "The staff are excellent, they go above and beyond their day job to ensure people are happy". Another said, "The staff are so fond of [Name of person]; they always speak so positively about them". Relatives told us the staff had caring relationships with people. One said, "The staff miss [Name of person] when they are at home with me each month; as soon as I bring them back, they want to know all about what they have been doing". They went on to add, "[Name of person] is always happy to go back and whenever I ring up, I can always hear laughter in the background". Most of the staff had worked at the service for up to ten years and had known people since they first started using the service. All the staff we spoke told us they constantly strived to support people to have the best possible care and support. One member of staff said, "It's our privilege to work with people; we take every step needed to get what they want".

We saw that staff communicated well with people and treated them in a caring and respectful manner. Staff gained good eye contact, bent down or used appropriate touch to aid communication, or encouraged people to show them what they wanted. One member of staff told us, "[Name of person] gets their shoes out when they want to go out". We saw staff
listened to and acted upon what people said; one person asked a member of staff to sit on the floor with them whilst they looked at the Christmas cards they had just bought at the shop. Staff were patient with people and showed concern for their wellbeing. One person was reluctant to get ready to go out because they were looking at their tablet. A staff member spent time reminding them where they were going and that they had been looking forward to it. This encouraged the person to move from where they were sitting.

People were encouraged to live as normal a life as possible. We saw they were involved in the running of the home and participated in some household tasks such as shopping, cleaning, and collecting the post. People were able to make choices about how they spent their time. One member of staff told us a person had expressed a wish to go out for lunch but they were waiting for them to say when they were ready to go. Another person used an intercom to let their member of staff know when they wanted them to come into their bungalow. The member of staff told us, "They like their privacy". This showed us the provider understood the importance of people having choice and control over their care and support.

People were supported to maintain important relationships and have visitors whenever they wished. We saw that relatives were provided with a newsletter which detailed contact numbers for the service and potential sources of support and advice for the Christmas period, when people would be spending time with their families.

Staff respected people's privacy and promoted their dignity. A relative told us, "[Name of person] goes up to their bedroom when they want privacy". People received care and support in private in either their bedroom or in bathrooms with the doors closed. We saw staff knocked on people's bedroom doors before entering and addressed people by their preferred names. Staff told us how they respected people's privacy when providing personal care. One said, "Some people love having a bath but we can't leave them alone because they are at risk of having seizures. We leave the bathroom door ajar and stay close by so we can hear them".

Outstanding ☆

Is the service responsive?

Our findings

Relatives felt the staff understood their family member's needs well and provided personalised care and support. One relative told us, "[Name of person] has made significant improvements since coming here and had been able to attend college. They find change extremely difficult and socialising causes them to become anxious. They found it very difficult at first but staff worked with them and now they have quite a good group of friends to socialise with. I feel they have really turned a corner, particularly emotionally, I don't think I could find anywhere better for them". Staff told us, "Name of person couldn't cope with spending more than an hour at college at first. We increased the duration of their visit to build their confidence and familiarity with staff at the college and other students. Now they stay happily all day and they've also won an award, which is a fantastic achievement". Staff told us they liaised with the college staff to encourage people to develop their independence. One member of staff told us, "Sometimes we can be a distraction when we are in the classroom with people; the tutors ask us to leave the room". This showed us the provider worked closely with external agencies to facilitate people's support needs in an individualised way.

Staff were motivated and committed to continually improve communication with people to understand the behaviours they presented and how best to support them. They worked alongside colleagues from the provider's positive behaviour support (PBS) team and a speech and language therapist (SALT) , who was assigned to the service. The PBS member of staff told us, "Communication barriers are the reason for people's behaviour. Staff have worked with us to look at strategies to adopt when people behave the way they do and how they can best meet their needs. The fact that they rarely or never have to use restraint shows how well they know people and is a real positive". Staff used sensory items recommended by the SALT to reduce the risk of certain behaviours. For example, one person had become anxious when travelling in the car. Staff told us a weighted 'sensory snake' was used which they put around their shoulders before going in the car. They told us this helped them to feel calm and was working well. Another person liked to go to the cinema but sometimes became anxious when they were watching the film. Staff ensured they had a range of sensory items with them, such as a squeezy ball, scratch mit or sensory chewy, which helped them to feel relaxed. The SALT told us, "Staff know people well and are very much in tune with their needs. They do some very intensive interactions with people, and they do it very naturally. They are very passionate about the people they work with – that's a real success for me and it gives me goose bumps talking about it". The SALT also told us that the staff sought the input of other professionals to ensure people's care was based on best practice. They said, "The team are really open; most of the staff have known people since they were at school and they have developed to work with people as adults. They are always open to trying something new and work collaboratively with other professionals, in particular the community learning disability team. They recently met with a member of the team to discuss their concerns about an individual and this resulted in an occupational therapist coming in to assess their sensory needs; they want to be sure they are getting it right for them". This showed us the provider adapted support to ensure they were responsive to people's continuous changing needs.

Staff used innovative and individual ways of involving people in planning activities that met their needs and

preferences. They told us about a person who experienced some difficulties when using Makaton, which uses signs and symbols to help people communicate. They told us they sometimes mixed signs up and their lack of speech caused them to become extremely anxious. We saw staff had developed a personalised communication book which enabled the person to point to or remove symbols to communicate their wishes. One member of staff told us "It's working really well and we used it to plan their holiday. For example, they wanted to use the sauna and we arranged for them to have a chalet that had one; they loved it. We're now planning their next holiday with them. We're reviewing anything that didn't go so well last time, for example, they love swimming and can get anxious about being able to get to the pool. We'll make sure that's the first they do when we arrive". People took part in other activities including horseriding, bowling, attending shows, music, arts and crafts, trampoline, TV and music. We saw that staff supported people to record pictorial diaries which showed the activities and social events they had participated in. Relatives confirmed these were available for them to view when they visited the service. This showed us the provider ensured people had information in an accessible format that supported them to communicate their wishes for their care and support.

Relatives felt the staff were responsive and flexible in ensuring people lived as full lives as possible. One said, "They are always doing something with [Name of person] and are flexible if we suggest something different. For example, I phoned up one Saturday morning to suggest a Christmas Fayre and they were able to do it – [Name of person] really enjoyed it. In fact, a friend of mine saw them at the event smiling, walking around arm and arm with the carer". Another told us, "They do things I'd have to plan carefully for and would need help from others; for example they take [Name of person] to the golfing range; they love filling up the golf ball machine, I'd be too worried about all the hazards there with the clubs and balls but the staff just stand back and support". People were supported to visit family and friends to maintain important relationships. One relative told us staff planned ahead for these visits, for example, by ensuring people's medicines were always available for home visits. They told us, "Staff bring [Name of person's] medicine with them on a Friday so that when I pick [Name of person] up from college, they are all ready for me to take home; saves a trip to the home". Staff told us how they were supporting a person to visit a family member who was unwell. They told us, "We found the person's behaviour had escalated due to their relative being too unwell to travel. We take them for day visits and have developed a visual calendar which counts down to their next visit – it's working well."

Relatives told us they were involved in supporting their family members to develop their care and support plans. We saw each person had a detailed support plan which focussed on their views and wishes for their care. This was regularly reviewed by a dedicated member of staff, who reviewed the person's care on a regular basis and acted as the main contact for the person's family and friends. One relative said, "I'm included in best interest meetings when any decisions need to be made and there's at least one review of [Name of person's] care each year. Their keyworker rings me at least once a week if I don't call and they are always making suggestions about things that [Name of person] could do and asking for my views". Another said, "The review process is continuous and any changes are put in place on the support plan". Relatives told us they were kept informed when people's needs changed. One told us, "They let me know recently when [Name of person] was unwell and they let me know they were taking them to see the GP. Also, when I ring up to ask how [Name of person] is, staff sometimes refer to the handover log if they've just come on duty; you can always find out what's been happening". This showed us there were suitable systems in place to ensure staff had information about people's changing needs.

Staff understood and responded to people's diverse cultural, gender and spiritual needs. People could choose to be supported by a member of staff of the same gender and staff encouraged them to express their sexuality, for example through their hair and make up. A relative told us, "[Name of person] has a big case of make up and all the lovely shampoos and conditioners. The staff help them choose their outfits and do

their hair and make up when they go to the disco; they love it". We saw photographs were on display around the home showing the person with various outfits and hairstyles. Staff told us people could choose who they were supported by when they took part in activities. One member of staff told us, "Some people respond better to certain staff and this is respected whenever possible; [Name of person] always asks for me and they know when I'm next on shift, I think they know better than I do sometimes". Staff had developed links with the local community which enabled a person to follow their Catholic faith. A member of staff told us, "We support the person to attend a local church as often as they wish and a representative from the church is in regular contact with us; they are really supportive of [Name of person] and all the parishioners know them well". They also told us they supported the person to follow their faith during their daily rountine, "We stay with them whilst they say a prayer every night and they won't rest until they have; it's very important to them". This showed us the provider recognised and supported people's diverse needs and beliefs.

Staff told us and records showed that people were encouraged to give their views about their care and support within resident's and keyworker meetings. Staff monitored people's reactions to activities or events to identify when people may not be happy. One member of staff told us, "It helps us identify what works for people; for example [Name of person] is not attending the panto this time with other people, we are taking them to another event, which is a small environment more suited to their needs. They also told how they supported a person when they had become anxious after watching a television programme that advised people to check their TV aerial. A member of staff said, "We had to get a step ladder and support them to look into the loft so they could be reassured that everything was okay". This showed us the staff listened to and acted on people's concerns. Relatives were confident their concerns would be responded to and knew how to raise complaint if needed. They gave us examples of how the staff had listened and acted when they had raised any concerns. One relative said, "I have no complaints but I'd be happy to crack the whip if I wasn't happy about something". There was a complaints procedure in place, which included a pictorial guide to support people who used the service. We saw there had been no complaints since the last inspection.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Good

Is the service well-led?

Our findings

At this inspection, we found the service was consistently well-managed and led and the rating remains good. There was a clear management structure in place. The registered manager was absent from the service and the provider had appointed an acting manager, supported by a deputy manager, to ensure continuity for people, their relatives and staff. Relatives we spoke with were aware of the changes and were positive about the acting manager's approach along with the staff team. They told us the acting manager and staff were always responsive to their family member's individual needs, and went the extra mile to ensure they lived full and active lives. Discussions with the acting manager and staff demonstrated there was an open and inclusive culture at the service. Staff were motivated to provide people with highly personalised care and clearly proud of the service. One member of staff said, "It's a nice team, good communication; everything is done for the people we support". This showed us people were at the heart of the service.

Staff felt empowered to raise any concerns and we saw these were acted on. The acting manager told us they had clear processes to follow and their priority was to promote and maintain the wellbeing of the staff. Staff were actively encouraged to give their views on how the service could be improved in team meetings. One member of staff told us, "We are listened to; we recently asked for some improvements in the garden and these have been implemented". Another said, "There's an open door policy here; the management are very supportive". This showed us staff were supported and felt valued in their role.

There were clear and effective governance arrangements at the service. The acting manager carried out a range of audits including checks of medicines, care plans and health and safety. We saw that these were completed monthly and where needed, an action plan was put in place to ensure any shortfalls were addressed. Accidents and incidents were monitored for any trends, to ensure the risk of reoccurrence was minimised. Data from the manager's checks was monitored by the providers 'e-compliance system', which ensured any identified risks or shortfalls were addressed in a timely manner. The provider had also made improvements to ensure monthly governance meetings were held at service level, with the involvement of all staff. The operations manager told us, "This is an open forum which enables staff to understand what is happening at service level and to give them an opportunity to raise any concerns". We saw that from a meeting had been held in November 2017, and issues including safeguarding, medicines, infection control and accidents and incidents had been discussed. This showed us there were systems in place to continuously review the service to drive and sustain improvements at the service.

People were supported to give their views on their care through 'Your voice' meetings. This focussed on what was important to people and the outcomes they wanted to achieve. Staff told us and we saw that pictorial aids were used to support people to communicate their views. The meetings were minuted and agreed actions reviewed at the next meeting to ensure that they had been completed. For example, we saw that a table and chairs had been provided to celebrate Priory Highfield's 10 year anniversary. Staff told us and records confirmed that people were also asked for their views during keyworker meetings. Relatives told us they were invited to give their views through an annual satisfaction questionnaire and we saw that

this was due to be sent out at Christmas. One relative told us that their comments were followed up and acted on, "We didn't always gt told about health checks such as the dentist or optician and now this is happening". This showed us the provider listened to feedback to make improvements to the service.

We found that the acting manager and staff worked closely with other agencies such as the community learning disability team. This enabled them to access the expertise of other professionals including occupational therapists, for example when they were exploring some people's sensory needs. This showed us the service worked in partnership with key organisations to support the delivery of people's care.

The acting manager was aware of the need to ensure the responsibilities of the registered manager were maintained. They reported significant events to us, such as safety incidents, in accordance with the requirements of registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this.