

Community Homes of Intensive Care and Education Limited

Peppard House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

Summary of findings

Overall summary

This was an unannounced inspection which took place on 03 May 2018.

Peppard House is a care home (without nursing) which is registered to provide a service for up to seven people with learning disabilities. People had other associated difficulties such as behavioural issues and being on the autistic spectrum.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Peppard House accommodates people in a large domestic sized building. The service was run 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 can lead as ordinary a life as any citizen.

At the last inspection, on 23 February 2016, the service was rated as good in all domains. This meant that the service was rated as overall good. At this inspection we found the service had improved to outstanding in two domains and therefore had improved to an overall rating of outstanding.

Why the service is rated outstanding.

The service was exceptionally responsive and strove to meet people's aspirations and lifestyle choices. It was flexible and readily adapted to meet people's changing, diverse and complex needs. It was extraordinarily person centred and people were seen and responded to as individuals. Activity programmes were creative and designed to meet people's individual preferences and choices. Care planning was highly individualised and regularly reviewed which ensured people's current needs were met and their equality and diversity was respected.

The registered manager was extremely experienced, respected and highly thought of by staff, families and other professionals. She and the management team ensured the service was exceptionally well-led. The registered manager and the staff team were committed to ensuring they offered people the very best care possible and that people were as involved as possible in running the service. The quality of care the service provided was constantly assessed, reviewed and improved by the provider, people and the staff team.

People continued to be protected from all forms of abuse. Staff were trained in safeguarding people and knew what action to take if they identified any concerns. The service identified general health and safety and individual risks. Action was taken to reduce identified risks. All aspects of safety were considered and actions were taken to assist people to remain as safe as possible.

People continued to be supported by appropriate staffing ratios, which were reviewed on a daily basis. Staff were able to meet people's specific needs, including any diversity, safely. Recruitment systems made sure, that as far as possible, staff recruited were safe and suitable to work with people. People were supported to take their medicines, at the right times and in the right amounts by trained and competent staff.

A well-trained and knowledgeable staff team remained able to offer people effective care. They met people's diverse needs including their current and changing health and emotional well-being needs. The service worked very closely with health and other professionals to ensure they offered individuals the best care in the most effective and comfortable way.

People continued to be supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The caring, committed and enthusiastic staff team continued to meet people's needs with kindness and respect. They ensured they promoted people's privacy and dignity and communicated with them effectively.

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 safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Outstanding ☆

The service has improved to outstanding.

The service is exceptionally responsive to people's needs, choices and preferences.

The service is extraordinarily person centred and put people at the centre of all they do.

The staff worked very hard to help people to achieve their goals and aspirations.

Is the service well-led?

Outstanding ☆

The service has improved to outstanding.

The registered manager is totally committed to providing the best possible care to people.

Staff and people are involved in all aspects of the running of the home and are valued and respected.

Staff adhere to the values and vision of the service during their daily work.

The service is committed to reviewing and monitoring the service so they can take any necessary actions to improve people's life.

Peppard House

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.

The inspection was unannounced and took place on 03 May 2018. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return (PIR) to plan the inspection. This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for four people who live in the service. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

We spoke with a small number of people who live in the service and some of their relatives. We observed interactions between people and the care staff throughout the visits. We spoke with four staff members, a visiting professional and the registered manager. The area manager attended for the feedback session. We requested information from eight professionals including the local safeguarding team. We received responses from four. We received written comments from three families. All responses were extremely positive.

Is the service safe?

Our findings

People continued to be protected, as far as possible, from any form of abuse. Staff remained well-trained with regard to safeguarding and knew how to deal with any issues relating to people's safety. People told us they felt safe living in the home. The local safeguarding authority did not tell us if they had any concerns about the service. There had been one safeguarding incident since the last inspection which was dealt with appropriately. A relative told us, "... throughout [his] time there [the number of years he had lived there] we have never had a concern over his safety or well-being." Another said, "He feels very safe and we feel he's very safe." A professional who visits the service told us, "I believe the people living in Peppard House are safe and cared for very well." Another said, "I have absolutely no concerns about the service."

The service continued to keep people, staff and visitors as safe from harm as possible. Health and safety training was provided regularly. There was a fire safety policy and procedure and records of fire drills were completed. Maintenance checks, including fire equipment were completed at the correct frequencies, by appropriate external contractors or staff, and were up-to-date.

Any risks to people were identified by individual risk analysis and appropriate risk management plans were incorporated in to care plans. Additionally these were clearly cross-referenced to guidance given by other specialist professionals. They were detailed and provided care staff with information which ensured they delivered care in the safest way possible. These included areas such as support with possible choking, weight gain/loss and pain identification. People's finances were protected by a variety of systems and were checked regularly. Personal emergency and evacuation plans were tailored to people's particular needs and behaviours.

People were further protected because the service recorded incidents and accidents and took action to manage and reduce the risk of such events recurring. Additionally they used such events for learning and any identified issues were discussed in one to one supervisions, staff meetings and other training forums.

People continued to be supported with behaviours which may cause distress or harm. Staff were trained in a nationally recognised system which taught techniques (active intervention) for staff to follow to reduce the likelihood of any such behaviours occurring. The training, which was up-dated every year, taught staff to deal with distressing or harmful behaviours as safely as possible. Positive behaviour support plans were developed by the management team and other behavioural specialists, as necessary. Some of these plans were laminated so staff could access and refer to them easily. The service used physical interventions as a last resort and as described in behaviour plans. They were carefully recorded and audited by the registered manager. All such events were discussed and analysed with the staff team to ensure they took as much learning as they could from them to (possibly) improve future interventions. A professional commented, "I have never felt any concern regarding the treatment of clients at Peppard house, utmost care is taken to reduce risks of self-harm, and harm to others during incidents of challenging behaviour and the staff appear calm and well trained to deescalate any situations and to put into place preventative measures."

People continued to be given their medicines safely by competent and appropriately trained staff. There were detailed guidelines/protocols to identify when people should be given their medicines including those prescribed to be taken when necessary. There were some issues with the complexity and quantity of medicine administration records and how 'when necessary' medicines were noted by the supplying pharmacy. However, the registered manager undertook to review the system to ensure its efficiency.

Staffing ratios continued to meet people's diverse, assessed needs. Staffing ratios were calculated on a daily basis dependant on people's needs and scheduled activities. A minimum of four staff were available during waking hours and two waking staff covered night time hours. The service continued to check the safety and suitability of staff prior to their employment.

Is the service effective?

Our findings

People continued to benefit from a well-trained and well-supported staff team. Care staff were encouraged and assisted to understand people's individual, complex and varied needs. Staff had access to training to develop the skills and knowledge they required. Specialist training continued to be provided as and when required to meet any specific or diverse needs. For example understanding the autistic spectrum and epilepsy. Regular supervision, staff meetings and annual appraisals were used to enhance staff knowledge and to support them in developing skills to meet people's specific needs.

People continued to receive care and support from a staff team who identified and met people's individual needs very effectively. Support plans were changing to a new and simplified format. These included all the necessary information, as their predecessors but were split into small areas on one piece of A4 paper. This could be changed, taken out of the file to be read and/or used to inform emergency services about different aspects of care needed. For example each support plan had up to 44 separate identifiable and discrete areas of care. The registered manager and staff told us they were much easier to use (once they became more familiar with them.) Support plans, of whichever format, were of a very high quality and provided staff with all the necessary information to enable them to offer people appropriate care and support. The support plan included a 'pen picture' which was brief but ensured vital information about the person was easily accessible to new and/or emergency care staff. Information was up-to-date and relevant.

People, with staff support, remained as healthy as possible. Support plans covered all aspects of care including health and well-being. For example fitness, sexuality and sexual health, sleeping and men's personal health issues. Referrals were made to other health and well-being professionals such as psychologists and specialist consultants, as necessary. A professional commented, "The staff are alert to health needs and communicate effectively via phone or email. Issues are addressed in a timely fashion. Forms are completed at each consultation with a service user to aid communication". Another said, "[Name] the manager goes above and beyond her remit to work for the good of the clients and to talk to health care professionals regarding a client's needs." Another comment was, "There are always staff members present when I visit to see a patient. They are knowledgeable about the relevant issue..." A relative commented, "On the odd occasion [Name] has been poorly, [the registered manager] will go out if her way to make sure that [Name] will see his GP at the earliest convenience, or if serious, her or [staff member's name] will accompany him to the hospital."

People continued to be supported to make decisions and choices of their own, as far as possible. An area of the support plan was entitled, "Capacity, consent, restrictions and DoLS". It gave an excellent description of how staff were to encourage people to make their own choices. Care staff acted in the best interests of the people they supported. The registered manager and staff team had received Mental Capacity training and understood the principles of the Mental Capacity Act 2005 (MCA).

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty 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 people of their liberty were being met. Applications were made appropriately and met legal requirements. Care staff had a full understanding of DoLS and were able to tell us why six of the seven people in the service had a DoLS agreement. Best interests meetings were held, as necessary and records were kept of who was involved in the decision making process.

People continued to be fully involved in choosing, purchasing and preparing food. People were encouraged to eat a healthy, well-balanced diet. Any specific needs or risks related to nutrition or eating and drinking were included in support plans and support was sought from relevant professionals. The registered manager and staff knew how to assess and analyse nutritional risk, if required. The action which needed to be taken when issues occurred were clearly recorded and understood by staff.

Is the service caring?

Our findings

People continued to be provided with sensitive and compassionate support by a kind, committed and caring staff team. People told us, "Staff are kind, even if I'm not." Relatives said, "Staff are kind and always treat [name] with respect." Another relative commented, "We would also like to pay a compliment to all the staff who are caring and capable."

Staff continued to develop strong relationships with people and their families and friends, as appropriate. The registered manager and care staff knew people's needs exceptionally well. Staff knew people's individual personalities and characters as people knew theirs. Part of the care plans was entitled, "My life story and key life events". This detailed personal information enhanced staff knowledge of the individual and promoted person centred care. People continued to be supported to maintain important relationships and make new ones, as appropriate. Support plans included areas such as relationships and social networks and involvement, creation and review of my care.

People had a detailed communication passport which was excellent and clearly described how people communicated their needs and wishes. For example one communication passport described a person's vocalisations and noted what the pitch and tone of the sound meant. Care staff responded to people's methods of communication and they and people understood each other well. People had monthly key worker meetings where their views and opinions were asked for and their responses recorded. Actions to be taken to meet people's goals, choices and aspirations were noted and regularly checked to ensure they were being pursued.

The service continued to support people to maintain and develop their independence. Plans included information about how people were supported to make decisions and keep as much control over their lives as possible. Detailed risk assessments supported people to live their life as independently as possible, as safely as possible. Examples included accessing the community and participating in some high risk activities, as appropriate.

The staff team remained passionate about respecting people's privacy and dignity. Staff ensured that people had privacy and supported them to maintain their dignity. Support plans included positive information about the person, daily diaries were kept for each person and were written in a positive and respectful manner. A relative commented, "From what we have witnessed over the years, the staff have always treated the clients with the upmost respect."

Staff continued to meet people's diverse physical, emotional and spiritual needs. The service had a strong culture of recognising equality and diversity amongst the people who live in the service and the staff team. The registered manager used staff diversity to meet the needs of people. For example, if a person has a special interest they share with staff. The staff member was utilised to meet the person's wishes. The service had an equality and diversity policy and the subject was included in staff training and discussions. Staff were committed to supporting people to meet any specific special needs. For example support plans included areas such as, "Events and celebrations, religion and wishes at death."

The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. The service was preparing for the new General Data Protection Regulations (GDPR).

Is the service responsive?

Our findings

The registered manager and staff team were exceptionally responsive to enable them to meet people's complex and quickly changing needs. Care staff knew individual's various methods of communication and responded quickly to people who were showing they needed help or assistance. They were also able to respond quickly to any signs of distress or anxiety. Staff interacted exceptionally sensitively and gently with people. A professional commented, "...there is always a calm atmosphere in the house when I have visited even if the service user's behaviour is challenging." Another said, "At times the team were really tested, as [these] types of behaviours weren't typical to what they were used to, but what I saw from the team was a lot of effort to overcome the difficulties." A relative told us the service was, "fantastically flexible" and gave an example of their flexibility which really supported the family as well as the person.

The support plans and people's records described examples of exceptionally responsive practice. This often took the form of working extremely hard to meet people's aspirations. In one example the service had enabled a person to visit family who lived abroad. They had not seen these relatives for many years, if ever. The person's greatest ambition was to visit their family and spend some time with them. The service researched, risk assessed and organised the visit and the person was accompanied by two care staff. Staff had to do additional work to ensure the trip was brought within the person's available budget. Photographs showed how much the person had enjoyed the trip. They had met with all their relatives and had been integrated into the family group for the duration of their visit. The person had gained confidence, self-esteem and enduring memories from the trip. The experience of meeting a family member who later died appeared to have assisted them to accept the bereavement more easily with little emotional impact. They had also maintained their increased confidence and were in the process of seeking other life experiences. The memories of the trip were often retold by the person whose general happiness and well-being had been enhanced.

The service was extraordinarily person-centred and staff had an excellent understanding of people's needs. People had highly personalised care plans which ensured care was tailored to meet their individual and diverse needs and was truly person centred. For example, one person had a very specific condition which causes them particular issues with their lifestyle and ability to communicate with others. The person had a communication plan but staff felt they needed a more innovative way of supporting the person with their communication. Staff therefore worked closely with the person's relative and a specialist support service and joined them in introducing a special communications system used for people with the condition. The system improved the person's ability to communicate with people but staff felt further improvement could be made. They were therefore in the process of creating the system on a computer so the person could access the symbols and methods of expressing themselves more quickly. The person was able to communicate more clearly and staff intend to maintain and enhance the improvement. A relative commented, "I want to say thanks so much for today and I am really excited about us all helping [name] to communicate in a new way. I really appreciate the staff for taking time to attend and getting involved in something new to them. [Name] is very lucky to live with you..."

Care staff were exceptional at recognising that to some individuals and their families any move, however

small, towards more independence was hugely important. For example, one person was encouraged over a long period of time to hold a crockery item so they did not need staff support to complete a nutritional task. The person learned the skill and was very happy with their progress. A photograph demonstrates how delighted they were with their achievement. Family members described how excited they were at their relative achieving something they had never succeeded in doing before. They said that their relative had gained confidence, self-esteem and independence since they moved in to Peppard House.

The service was totally committed to assisting people to pursue their interests. Staff continued to offer people a wide variety of flexible and interesting activities that were meaningful to them as individuals. Individual activity plans were developed according to people's choices and needs. They were designed to increase people's experiences and enhance their choices of how they wished to spend time. Photographs were kept of people participating in specific activities so they could choose from the pictures what they most enjoyed doing. Additionally activities were related to other aspects of people's lifestyles such as physical and spiritual well-being needs. These included, finding exercises people enjoyed doing. For one person the staff team combined activities with the spiritual needs of an individual. They worked hard to ensure he celebrates religious festivals and spend time accompanying him to his favoured places of worship including one where he was a well-known member of the community. Everyone who lives in the service was offered the opportunity to go on a holiday of their choice and staff were flexible with their working hours so they could accompany them. People were supported with personal IT such as hand held devices to use for amusement and interest.

The service continued to assess people's needs regularly and a formal annual multi-disciplinary review took place. People were encouraged to attend their reviews and choose who else they wanted to be present. In response to people's changing needs additional reviews were held as necessary. Support plans showed that staff responded exceptionally quickly to people's changing needs.

The service made particular efforts to involve families (where agreed by people) with aspects of caring for people. This enabled them to see the work that goes on with other professionals and give their input. This has proved invaluable and helped the staff team to develop close relationships with everyone concerned. For example families were invited to multi-disciplinary meetings where specific issues around people's specialised care were discussed. This created an environment where everyone involved could work out the best way to support the person consistently. A relative said, "We are always involved in decisions and any changes and we have no concerns or worries about his care."

The service did not tolerate any form of discrimination. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity with regard to the protected characteristics. Staff training covered these principles. In the provider information return when discussing equality the registered manager stated, "We show fairness and do not discriminate because of disability. We do not offer service users who have a more severe learning disability any less opportunities. Possibly different opportunities because of risk but it is important that everyone is offered the highest quality of care. Equality is a big part of what we do and every service user has a right to live in a happy home without discrimination." Throughout the inspection we saw staff conducting themselves in line with this statement. People's records showed that equality was embedded in the practice of the service.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had individual communication plans to ensure staff were able to communicate, with them as effectively as

possible. Information was produced for people in user friendly formats such as easy read, photographs, pictures and symbols. There was excellent communication between staff and people who understood each other very well.

The service had a robust complaints procedure which was produced in a user friendly format. The service had received no complaints, about the care provided, since the last inspection. Some complaints about noise from the house had been received and dealt with appropriately. Four compliments had been received from a variety of sources. The people we spoke with, relatives, staff and other professionals who commented on the care provided were all exceptionally complimentary.

Is the service well-led?

Our findings

People continued to benefit from excellent quality care provided by a staff team who were exceptionally well-led by the registered manager. 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.

Relatives described themselves as, "Lucky" because their family member lived in Peppard House. Professionals said, "...I am very impressed by the care given to the service users" and, "I was impressed with what I saw from Peppard in the short time I spent there."

The registered manager had been in post since January 2015. She was exceptionally well experienced and knew the service and the individuals who lived there extremely well. She was totally committed to providing person-centred care to individuals. She was supported by a committed, experienced and knowledgeable staff team. People knew the manager well and were confident to approach her if they wanted assurance or assistance. Staff described her as, "Very supportive and approachable." One staff member told us they had chosen to work at Peppard House because the management team were so, "Open and approachable." Another staff member said, "The manager responds to staff and residents alike, quickly and positively." A professional complimented the care the service provided and included the comment, "I would specifically like to say that the manager [name] is worth noting for her commitment. She showed real knowledge of all her service users, and gave 110% at all times. I would see her often going above and beyond to make sure her service users got a good quality of care, never afraid to get stuck in with the work herself to help make sure of this." Another said, "[Name] is a very caring and dedicated manager. There has been a very difficult issue with one service user, persisting over many months, which has been a significant extra burden for all staff but particularly [name]. I believe she has worked extremely hard to try to find solutions to very difficult issues. Whilst it is clear that the situation is very stressful, she has remained professional and caring throughout." Family members were also very complimentary about the registered manager. One relative reflected the views of others when they said, "All the past Managers at Peppard house have been very good. However, you would have to go a long, long way to find a better and more caring person than [name]. The residents at Peppard are always at the forefront of her thoughts. She is first class as is her deputy."

People benefitted because the registered manager had created an exceptionally open culture and had developed extremely positive values within the service. Staff received training in the values of the provider which were refreshed every four years. Additionally, staff fully subscribed to the registered manager's 'vision' which was for people to live a happy fulfilled life, to feel safe and cared for to the highest standards, to enable the service users to try new opportunities and achieve goals they had not achieved for many years and to reach their full potential. The registered manager felt this could only be achieved with the support of a confident staff team. The vision and values of the registered manager were reflected in staff attitude and behaviours and the work they did on a daily basis. Staff told us they were very happy working in the service. They felt included in decision making and improving the service. Effective mentoring, supervision and support from the management team had developed a strong staff team who were confident in working with

people with complex needs.

The service was exceptional at taking into account the views and opinions of people, their families and friends. They were finding innovative ways of increasing the involvement that people had in developing the service. For example, people and their families were supported to participate in training programmes such as epilepsy, first aid and behavioural support. This assisted people to understand what the service was doing and why and empowered them to ask questions and understand good practice. The provider also held 'open' meetings which families and other interested parties could attend to express their views. Additionally the service was looking into specific innovative communication systems to enable people to express their views more clearly. Service user meetings were held and staff were creative in eliciting people's opinions if they chose not to join in the usual meeting format. For example, staff engaged individuals by beginning with their particular interests and then very skilfully expanding the conversation onto other areas such as changes and development of the service. The service also held monthly keyworker sessions (allowing staff to have one to one sessions with people) which ensured people were as involved as possible in decision making about their care and lifestyle choices. A variety of communication methods were used to achieve people's understanding of the discussion. They included using pictures, symbols and individual communication systems and staff recording facial expressions or noises that people made to express their feelings.

Care staff were kept involved, informed and up-to-date with new guidance so they were able to offer the best, most recent good practice. Monthly staff meetings were held and issues such as areas that needed development, procedural developments and information regarding legislation such as the Mental Capacity Act were discussed by the team. The registered manager also included the Quality Bulletin which was a compilation of feedback from other inspections across the Provider's services. This was used as a learning tool to ensure the service learnt from shortfalls and or improvements needed in other services. Within these meetings there was an opportunity for staff to discuss any concerns, compliments or practice issues. Staff told us they felt that they and their opinions were valued and they would not hesitate to discuss any good or poor practice issues they had identified. They said the registered manager welcomed their comments and ideas and acted upon them when appropriate. The registered manager noted that the meetings could serve as a 'sounding-board', allowing for discussion to take place to find creative solutions to issues and could lead to innovative problem solving. For example, the registered manager recently instigated role play to assist staff to understand the importance of completing specific records accurately. This was successful and led to fully completed and accurate records which benefitted an individual when 'tracking' a health issue.

Continued, exceptionally good governance of the service benefitted people who lived there because it ensured the quality of care was maintained and enhanced. The provider strongly supported the effective governance of the service and senior managers were visible and involved in the development of the home. A variety of auditing and monitoring systems remained in place. For example, regular health and safety audits were completed at appropriate frequencies. The registered manager or other senior staff completed regular audits of care plans, medicines and other records. Senior staff (including the registered manager) worked alongside staff, on a daily basis which ensured good practice was modelled and maintained. Area director visits were completed every month and a written report with necessary actions were agreed with the registered manager. A two day quality inspection was completed every nine months by the provider's quality assurance team. Additionally, expert auditors (people who live in other services run by the provider) make unannounced visits to the service. They complete a form to present to the provider and registered manager with their views on what it's like for people who live there.

Actions taken as a result of listening to people, staff, other interested parties and the various auditing systems included, increasing the variety of experiences people had, a re-decoration programme and

increasing the communication skills of staff and people. A quality assurance outcome development plan was produced as a result of the various Quality assurance processes and was in place for the next 12 months.

The service continued to work extremely closely with community professionals to ensure people received the best possible care. The registered manager understood the importance of working within a multi-disciplinary team that focused on person-centred care. She had built strong relationships with local authority and health service partners. Other professionals commented on the exceptional co-operative working. For example one commented, "The home itself was always very welcoming and accommodating, with staff always happy to help..." Another said, "We have worked closely together to seek the best interests of [a] particular client" and "The home has been cooperative in maintaining monitoring and implementing actions agreed upon with GP." An additional comment was, "[Name] works tirelessly to meet the extraordinary health requests of [name]. She involves the GP and CTPLD team with these needs and goes the extra mile in sourcing [their] very unusual dietary requests..." Another professional stated, "The care is great. Staff adapt to people's needs, they are very engaged, receptive and respectful."

People's records remained of excellent quality, they were totally person-centred, detailed and reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences and choices. They had been produced in a simpler format to ensure they were as easily amended and accessible as possible. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were well-kept, up-to-date and easily accessible.

The registered manager understood when statutory notifications had to be sent to the Care Quality Commission (CQC) and they were sent, when necessary, in the required timescales. The registered manager was very knowledgeable about new and existing relevant legislation. For example the accessible information standard and the duty of candour.