Care Quality Commission

Housing 21

Housing 21 – Oak House

Inspection report

Bentley Lane
Stutton
Ipswich
Suffolk
IP9 2RS

Tel: 03701924390
Website: www.housing21.co.uk

Date of inspection visit:
23 October 2019

Date of publication:
31 January 2020

Ratings

Overall rating for this service	Outstanding

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Outstanding

Summary of findings

Overall summary

People's experience of using this service and what we found
The service went above and beyond to ensure people were supported to live their lives as fully and independently as possible. It was clear staff made a positive impact on people's lives and the culture of the staff team and management was exceptionally caring. People who use the service, their relatives and healthcare professionals all agreed the service provided to people was exceptional.

There were sufficient numbers of suitably trained staff to meet the needs of people living at Housing 21 – Oak House. Whilst people had a set schedule of when carers would visit to support them, they benefitted from being able to call for staff assistance if they needed it amytime over 24 hours. People said staff were responsive to their needs even where this was outside of their scheduled care hours.

People told us the staff were kind and caring. There was an evident culture of kindness in the service which was promoted by the senior leadership team, the management team and care staff who went over and above to enhance people's lives.

The management team and care staff recognised the importance of protecting people they cared for from the risks of social isolation and boredom, even where providing social support wasn't part of their agreed care plan. Staff went over and beyond to ensure people remained engaged and were not lonely, giving up their own time to visit people which made them feel valued.

People who required support to maintain good nutrition and hydration told us they received the support they needed.

Information about people's preferences in coming to the end of their life were documented. The service worked well with other agencies to ensure people had a comfortable, pain free death and could remain in their own home as per their wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us staff were respectful, asked for their consent and gave them the privacy they wished for.

People were supported and enabled to be independent. The service had provided support to people in a way which meant that they were eventually able to reduce the amount of support staff needed to provide so they could live a more independent life.

Where required, people were supported to make appointments with other healthcare professionals and attend appointments. Staff went over and beyond to accompany people to appointments when relatives were unable to do so. This reduced anxiety for some people.

People were actively involved in the planning of their care and the way they wanted this delivered. People had access to several methods of giving feedback on the service they received. People's feedback was acted on.

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

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 safe. Details are in our safe findings below.	**Good** ●
Is the service effective? The service was effective. Details are in our effective findings below.	**Good** ●
Is the service caring? The service was exceptionally caring. Details are in our caring findings below.	**Outstanding** ☆
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good** ●
Is the service well-led? The service was exceptionally well-led. Details are in our well-Led findings below.	**Outstanding** ☆

Care Quality Commission

Housing 21 – Oak House

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
This service provides care and support to people living in 36 'supported living' flats, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and two relatives about their experience of the care

provided. We spoke with six members of staff including the regional manager, registered manager and care staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
•□Staff were knowledgeable about safeguarding processes and procedures. They had received training in this subject. Safeguarding referrals were made as appropriate.
•□People told us they felt safe when receiving care from the service. A relative said, "I've no doubt [family member] is safe here."

Assessing risk, safety monitoring and management
•□Comprehensive assessments were carried out to identify any risks to people. Where risks were identified, clear measures to reduce the risk were documented. People were involved in discussions about risk reduction where possible.
•□Staff were aware of the risks to people and how to mitigate these without restricting people's independence.

Staffing and recruitment
•□Sufficient numbers of staff were deployed to meet people's needs. Care was taken to ensure enough staff were available to meet people's preferences about when they would like their care delivered. People told us staff arrived when they were expected and in line with their preferences. One said, "They come when I'm expecting them, do everything they should. They always turn up."
•□People benefitted from staff being available in the building 24 hours a day and could call for assistance outside of their contracted care hours if they required it. One said, "The real reassurance of living here is that if I need someone, I can just call, and they'll be there." The registered manager told us that when they arranged staffing, they ensured there was availability of staff to support people on an ad hoc basis where required. This meant the service was responsive to people's changing needs.
•□The service had robust procedures in place to ensure staff were suitable to work with vulnerable people. This included carrying out checks to ensure people did not have criminal convictions which may make them unsuitable to work with vulnerable people.

Using medicines safely
•□Where people required assistance with their medicines, these were managed, monitored and administered safely.
•□Staff had received training in administering medicines and monthly audits were carried out to ensure any errors could be identified.

• People told us they received their medicines on time. One person who required a time sensitive medication said, "They do my medicines on time for my Parkinson's." The registered manager had organised extra visits from staff outside of the person's contracted care hours to ensure their medicines could be administered on time.

Preventing and controlling infection
• Staff told us they had access to appropriate protective clothing such as gloves and aprons (PPE) when carrying out personal care. Senior staff checked staff were wearing appropriate PPE at unannounced quality checks. They also regularly checked stocks of gloves and aprons to ensure staff had continued access to these. Staff had training in infection control.

Learning lessons when things go wrong
• Incidents and accidents were recorded, and thorough investigations carried out when these occurred. If people had falls, these were recorded and analysed to see whether there were themes in when these occurred which may indicate changes were required to people's care and support plans.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•□Comprehensive assessments were carried out of people's needs before the service began supporting them. People and relatives, where appropriate, were involved in these assessments and discussions about what they wanted support with.
•□People's care records were written in a way which reflected best practice guidance such as that produced by the National Institute of Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience
•□People and relatives told us they felt staff were well trained and knowledgeable in their role. A relative said, "The staff are very good. They do a much better job than I did and really know how to work with [family member]." Relatives also spoke positively about the knowledge of the registered manager. One told us, "[Registered manager] is very smart with dementia and older persons care. I trusted her to know when [family member] needed to move onto a 24-hour care facility for safety reasons."
•□The service provided staff with suitable training for the role. This included specific training relating to the needs of people they cared for.
•□Staff were encouraged to improve upon their skills and progress to roles with more responsibility.
•□Senior staff carried out spot checks on staff practice to ensure that training had been effective.
•□Staff spoke positively about the management team and the support they received. They told us they felt valued and that the management team cared about them and their welfare.

Supporting people to eat and drink enough to maintain a balanced diet
•□Where it was part of their agreed support plan, people were assisted with eating and drinking sufficient amounts to maintain good health. People said they received the support they needed from staff. One said, "They'll cut up my food, so I can manage better."
•□Care plans set out in detail what support people required and when this should be delivered. When we visited people, we noted people had several different drinks near for them to choose from. Staff and the registered manager told us that during the heatwave, extra staff had been deployed to visit people more regularly and encourage them to drink more. This reduced the risk of them becoming dehydrated.

Supporting people to live healthier lives, access healthcare services and support
•□Care plans set out whether people required any help with accessing support from external healthcare professionals.

• People and relatives told us that the service was responsive to people's needs and contacted external healthcare professionals when it was required. A relative said, "They noticed [family member] wasn't doing so well and called the ambulance out promptly and let me know." One person using the service told us, "If you want to see the doctor then the staff are happy to arrange it and be here when they come if that's what I want."
• The input people received from external healthcare professionals was documented, with their permission, in their care records.

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

• People told us staff asked for their consent before coming into their home or supporting them with tasks. One said, "They come in, ask what you want doing. They don't move things around or interfere, they'll only do what you say."
• The service assessed people's capacity to make specific decisions and the outcome of these assessments was documented.
• Staff had a good understanding of the MCA and consent processes. We observed staff knocking and asking permission before entering people's flats.

Outstanding ☆

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has been rated Outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity
• The provider and registered manager promoted and led a culture which was exceptionally caring. Care staff were highly motivated to deliver person centred care and spoke with us passionately about their role and the people they supported.
• People told us all staff were exceptionally caring and that they felt staff treated them like family. One person said, "They treat you like a pleasure, not a problem. They are so kind and caring, so friendly. They always bring a smile with them." Another person told us, "They are caring, friendly [people] first and carers second. I wouldn't go anywhere else, it's saying something that I would say I want to live out all my last days here." A relative commented, "When [family members] came here I didn't expect a friendship, I didn't expect to get an extended family, but that's what I got. My [spouse] and I always say they're not just carers, they're caring carers. This isn't just like a job to them, it's like we are all one big family. I wouldn't hesitate to recommend the place."
• Care staff went over and beyond to enrich and enhance people's lives. One person told us staff would come in on their day off to see them or take them out. They said, "If my [family member] can't make my hospital appointment I can get a bit anxious about going alone. One of the staff always comes with me and then we will get a drink or lunch after. That's so nice."
• The provider, registered manager and care staff recognised the positive impact keeping pets can have on a person's physical and mental health. Even where this was not part of their agreed support package, the registered manager encouraged staff on shift to support people to care for their pets. One person was unwell at the time of our visit and staff took the time to go and walk their dog for them. The person said, "They'll help me with my dog if I feel unwell, take her out for me." It was clear from our discussions how important this was to them.
• One person who had always kept pets was now unable to do so because their dementia had advanced to a point where staff support could not facilitate this safely. Following the death of their family member they had been refusing to leave their flat and isolating themselves. However, the registered manager spoke with other people using the service to see whether they would be happy for the person to spend time with their pets. The registered manager told us this had a positive impact on their mental health and encouraged them to leave their flat, which reduced the risk of social isolation.
• A relative told us that both their parents lived together in the service, and that staff went over and beyond to support their family member when the other was admitted to hospital. They told us, "When my [family member] was in hospital the carers even popped in to sit with my [other family member] on their tea breaks

so she didn't get lonely. Some even stayed after their shifts and spent time with them."

Respecting and promoting people's privacy, dignity and independence
•The service promoted independence and delivered care in a way which supported people to do more independently and require less staff visits. One person said, "They help me to stay independent. They encourage me to do the things I can still do but on my bad days they offer their assistance." Another person told us, "I can be as independent here as If I was living somewhere else." A relative commented, "They really promote [family members] independence and they have been able to stay here in their own flat a lot longer than I thought because of the care here."
•One person moved into the service after spending two years using the day service in the complex. Due to moving from home, to hospital, into respite care and then into this service, the person was very confused and distressed. The mental health outreach team was involved and was concerned it was not the right setting for them and that they may require 24-hour residential care. However, the registered manager and care staff were determined that they could support the person enough to live in this more independent setting where they had their own space. The service went over and beyond what they were contracted to provide and implemented hourly checks and visits from staff. They supported them to reduce confusion by making memory cards and putting signs up to orientate them. With this care, the person has become less confused, recognises the service as their home and no longer needs signs and memory cards to orientate them. The mental health outreach team have now discharged the person and feel this is an appropriate setting for them. The service provided care in such an exceptional way that it has meant this person is able to live independently and require less care input from staff, which upholds their dignity and respect.
•One person had moved into the service with their spouse who fell ill shortly after, had a long stay in hospital and then went onto a nursing home due to their ill health. We were told that being without their spouse had a serious detrimental impact on their mental health and wellbeing. We were told they approached the registered manager earlier this year and asked whether they would consider reassessing their spouse to come back and live at the service, as their health had improved. Following reassessment, the registered manager worked with external healthcare professionals to ensure their spouse could come back and live in the service safely and that the right care package was in place to facilitate this. This had been achieved and they had been reunited in the service, which had a significant positive impact on them and promoted their continued independence.
•The service had recently, with people's permission, installed video conferencing units in people's hallways. This allowed care staff to check on people without disturbing them by coming to their flat. People were positive about this and one said, "It's very good, very smart. It's nice to know you can talk to someone any time."

Supporting people to express their views and be involved in making decisions about their care
•People were involved in every step of planning their care and reviewing care plans and risk assessments. The service offered personalised care based on people's preferences for when they would like care delivered, and service provision was organised around these preferences. One person said, "I chose what times [staff] come because I like to get up at a certain time and have my shower and breakfast. It's always been my routine."
•People's individuality shone through in care plans which showcased their likes, dislikes, life history, hobbies and interests.
•The service was flexible and able to meet people's changing needs. This ensured that people continued to be able to live in a more independent setting.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
•□People's care plans were personalised and included information about their interests, hobbies, like and dislikes. Care planning was written in a way which demonstrated people's involvement and individuality.
•□There were life histories in place for people living with dementia. This meant staff could better understand people who may not always be able to recall these details independently.
•□People told us staff knew them and their preferences. One said, "They know me inside and out. I know them too." A relative told us, "The staff and [registered manager] know [family member] really well. Sometimes [family member] refuses care but the staff know them and all their quirks so well that they can usually talk them round. They can turn a bad day into a good day."
•□Whilst it was not part of people's agreed support plans and the service had no obligation to provide it, they recognised the impact social isolation and boredom could have on people's physical and mental health. People were given opportunities to engage in activities the service arranged which reduced the risk of social isolation. The service also maintained links with a community project which provided transport for people to go on trips and supported people to access this. A relative told us, staff went over and beyond to support people to remain engaged. They said, "The staff come in on their days off to take [people] out. They don't have to do that, but they do."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
•□Staff communicated with people in a way they could understand. Care plans made clear how best to communicate with people, including information such as the lengths of sentences or words staff should use. This meant people were supported to fully understand what was being communicated to them.
•□One person had limited verbal communication and often became distressed. However, through spending time with the person staff had been able to identify their love of hot chocolate and found that this helped alleviate their frustrations with communication.
•□Staff had developed memory cards which assisted one person to orientate themselves and meant staff were able to better communicate with them when they were experiencing confusion.
•□People were given service user handbooks containing information about making complaints and what they should expect from staff and the service. Information was also included about the meaning of

safeguarding, what different types of abuse might look like and how they could report concerns about themselves or others. All this information was provided in an accessible format.

Improving care quality in response to complaints or concerns

- We reviewed the records of complaints made to the service and found these were responded to promptly by the registered manager and investigated thoroughly. One relative who had made a complaint said, "It was just a minor issue really but [registered manager] responded straight away. They investigated it and kept me informed. A member of care staff even came and apologised to me personally." Another relative told us, "There was a little issue over the weekend and [registered manager] actually came in on a Sunday to sort it."
- People using the service told us they knew how to complain and felt confident their complaint would be acted on.

End of life care and support

- Whilst no one was currently approaching the end of their life, the service did offer people the option of receiving end of life care at the service. The service was mindful of people's preferences and recorded these in care planning.
- The service linked up with external healthcare agencies such as the NHS and local doctors' surgery so that when people required care at the end of their life, this was delivered promptly to reduce the risk of discomfort or distress.
- One relative had written to the service following the death of their family member and commended them for the care they had provided. The person had been in hospital but the service, in line with their wishes, had arranged for appropriate care packages to be put in place to enable them to end their life at home where they felt most comfortable. We were told that this meant on good days the person could still get up, help themselves to a gin and tonic from their fridge and be active. The service consulted a hospice and district nursing teams to ensure that plans were in place to provide prompt pain relief when it became necessary. The relative said in their letter, "It was lovely to see [staff] all come to visit [family member] when they returned from hospital and they were so kind and comforting to us both. I will miss seeing you, but I will always remember your kindness and friendliness."

Outstanding ☆

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 the last inspection this key question was rated as good. At this inspection further improvements had been made and the service is now rated outstanding in this key question.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• The provider, management team and care staff promoted an open, inclusive, empowering and exceptionally caring culture. People were put at the forefront of the way the service was planned and delivered, ensuring their preferences and wishes were acted upon. Staff were recognised and rewarded for achievements and they told us this made them feel valued.
• The team at Oak House had won awards and staff had received special recognition badges based on their years of service. Most recently, the team had won an 'exceptional team' award in 2018. The registered and deputy manager had also received certificates from the National Dignity Council for their commitment to promoting the dignity of people using the service.
• The registered manager and care staff were exceptionally enthusiastic about providing good quality care and understood their role in delivering person centred and individualised care. People told us staff took the time to get to know them and understand them as a person. The registered manager planned the service in a way which meant that staff had time to spend with people outside of their contracted care hours and build meaningful relationships.
• Following our inspection, the GP who visits the service on a regular basis wrote to us with a letter of 'commendation' regarding the care provided at Oak House. They said, "The staff are second to none. They offer a high level of care and they are watchful of all vulnerable residents there, even if they are self-caring residents. The staff have very high functioning communication skills. They go above and beyond their official role requirements, such as picking up medication from the surgery at a moment's notice or first thing in the morning on the way to work. They manage to create a welcoming and "family" environment and they show great respect for those in their care."
• The service was innovative, using technology to better engage with people on a regular basis. For example, the provider had invested in innovative video call technology within people's flats. This enabled staff to call people throughout the day to check on their welfare, even though this was not part of their agreed care plan. People could also call the registered manager or staff through this system whenever they wished. People told us they had been taught how to use the system and felt it was simple enough. They were positive about it and enjoyed the ability 'to see a friendly face' regularly between care visits. This enabled people to have an accessible and open line of communication with staff without leaving their flat.
• The provider was exceptionally supportive of staff, having in place a wellbeing strategy with a number of

facilities and benefits available to support staff with their wellbeing. There was a focus on caring for the staff team to enable them to provide high quality care.
•□People's relatives told us that the registered manager and staff supported them. One relative told us, "If I am having a bad day or worried about [relative], I go into the office and [registered manager] cheers me right up. [Registered manager] bends over backwards to help and that really means a lot to me."
•□People were involved in the running of the service and were given several different ways to feedback their experiences. A survey of people's views was carried out annually by the provider and the registered manager also conducted a survey of people's views at other times throughout the year. We were told that these were sometimes themed to get people's feedback on specific topics.
•□18 people responded to the last audit completed by the provider and the results were positive, with 100% of respondents saying the service helps them feel safe, notifies them of changes, helps them to be independent and that the carers know and understand their needs.
•□People were also invited to regular meetings where they were asked for feedback on the care they receive.

•□Newsletters were produced and sent to people monthly to keep them up to date with any changes to the service and make them aware of the outcome of surveys or meetings.
•□Staff were also invited to regular meetings to discuss the running of the service and the needs of people. Training opportunities and staff development were also discussed.
•□A newsletter was sent to staff monthly which communicated messages about best practice, training and job progression opportunities.

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 and continuous learning and improving care
•□The provider had a robust quality assurance system in place. Regular and in-depth audits were carried out by the providers quality assurance staff. These audits checked the service's performance against the Commissions Key Lines of Enquiry (KLOE's). The previous provider audit had not identified any areas for improvement, which corroborated our findings.
•□The registered manager told us that representatives of the provider such as quality assurance staff and the regional manager were supportive and helpful.
•□The provider was exceptionally committed to continuously learning, improving and assessing the quality of its services. A comprehensive and extensive training program was in place and staff spoke of how engaging they felt the training was. The provider won an Investors In People Gold Award in 2018, which was awarded in recognition of the investment in staff training and development.
•□In addition, the provider was piloting a new tool designed to support staff with developing the skills to progress into roles with more responsibility. This was in response to feedback from some staff who felt they weren't clear on what they would need to do to progress to other roles in the service. This demonstrated a commitment to developing the staff team and providing them with opportunities.
•□The provider had established a national care worker forum to share best practice across services. A newsletter was regularly circulated to staff to share best practice and ideas.
•□The provider was committed to developing its dementia strategy and had commissioned research into this area of care to enable people to live in more independent extra care settings for longer.
•□In July 2019 the provider implemented a new policy and procedure on handling residents' finances. The aim of this policy and procedure was to promote the independence of residents in managing their own finances. This was circulated to all staff and managers as a 'policy alert' so they could make themselves aware of the main goals of the policy and a snapshot of its contents.
•□The quality assurance team produced a newsletter regularly which was shared with registered managers and care staff. This detailed changes to policies and procedures, any projects the provider had enrolled in and opportunities for staff to get involved. The most recent newsletter also included a 'CQC Inspections:

Lessons Learned' section which detailed some areas for improvement which had been identified at other services owned by the provider. This section stated what staff could do to avoid these shortfalls in their own services and what best practice from staff looked like. This demonstrated a commitment to sharing best practice across the organisation.
•The provider had also recently implemented a new management tool called 'Driving Initiatives to Navigate Outstanding' (DINO). The aim of this new tool was to drive improvement in all the providers services to enable them to provide outstanding care to people. This tool was aligned with the Care Quality Commissions Key Lines of Enquiry (KLOE's) which are the framework we inspect services against.
•The quality assurance team had recently partnered with the National Gold Standards Centre to roll out the End of Life Gold Standards Framework in their services. This framework contains best practice on supporting people coming to the end of their life. This was included in a quality assurance newsletter, with staff being invited to take part in the project.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•The registered manager carried out a program of audits to assess the quality of the service in between provider audits. These included audits of medicines, training, recruitment, complaints, incidents and spot checks on staff practice. Audits carried out by the registered manager included speaking with people using the service about their care and if they had any problems.
•Positive comments were made about the registered manager by people using the service, relatives and staff. One person using the service told us, "The management are really good, friendly, we get on well." A relative said of the manager, "Sometimes I come into the office feeling a bit down and then I go out feeling better." Staff told us the registered manager was supportive, helpful and caring. They said they were always willing to help if they needed it and were there for them personally. They said they felt valued and listened to by the manager.
•Notifications and referrals were made by the registered manager where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

Working in partnership with others
•The registered manager had built positive relationships with external healthcare professionals who supported people using the service, such as doctors and the mental health outreach team. They also attended meetings with other registered managers to discuss ideas and share best practice.
•The registered manager had developed good links with the local community and in particular a community initiative which provided transport for people to access facilities outside of the service.