Sutton Court Associates Limited

Sutton Court Associates Limited - 17 Shakespeare Road

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 21 October and 20 December 2016. The first day of the inspection was unannounced; however the registered manager was aware that we were going to return for a second day of inspection.

Sutton Court, Shakespeare Road is located in Worthing, West Sussex. It is registered to accommodate a maximum of six people. The home provides support to people living with a learning disability or autistic spectrum conditions, who may need assistance with their personal care and support needs. The home itself is a large detached property, with ensuite rooms, a communal kitchen, lounge and gardens. On the day of our inspection there were six people living at the home.

The home had a 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.

People were protected from harm and abuse. There were sufficient quantities of appropriately skilled and experienced staff who had undertaken the necessary training to enable them to recognise concerns and respond appropriately. Peoples' freedom was not unnecessarily restricted and they were able to take risks in accordance with risk assessments that had been devised and implemented.

Peoples' independence was promoted and encouraged and people were able to choose how to live their lives. One person told us, "I can choose who I go out with and I pick the ones I like". People who were able, were able to independently dispense and administer their own medicines, this was risk assessed and monitored by staff to ensure their safety. People received their medicines on time and according to their preferences, from staff with the necessary training and who had their competence assessed. There were safe systems in place for the storage, administration and disposal of medicines.

People were supported by staff with the necessary skills and experience to meet their needs. They had access to regular training and observations showed that they supported people appropriately. People were asked their consent before being supported and staff had a good awareness of legislative requirements with regard to making decisions on behalf of people who lacked capacity. One member of staff told us, "We always get their consent first".

People and their relatives, if appropriate, were fully involved in the planning, review and delivery of care and were able to make their wishes and preferences known. Support plans were person-centred and documented peoples' needs and wishes in relation to their social, emotional and health needs and these were reviewed and updated regularly to ensure that they were current.

There were varied responses with regard to the food that was provided. Most people were happy with the

food and were able to choose what they had to eat. One person told us, "I like the food here, X is a good cook". People's health needs were assessed and met and they had access to medicines and healthcare professionals when required.

The home had a relaxed, friendly and homely atmosphere. When asked about the ethos of the service provided, one member of staff told us, "To create a home for life based on the concept of family". Staff worked in accordance with peoples' wishes and people were treated with respect and dignity. It was apparent that staff knew peoples' needs and preferences well. Positive relationships had developed between people and staff. One person told us, "I like living here, I have a key worker, I get on with them. I'm happy, I'm not angry". Another person told us, "They're very kind, I like them".

The registered manager welcomed feedback and used this to drive improvements and change. There were minimal complaints and those that had been made were dealt with effectively and in accordance with the provider's policy. There were quality assurance processes in place to enable the registered manager to have oversight of the home and to ensure that people were receiving the quality of service they had a right to expect. People, relatives and staff were complimentary about the leadership and management of the home. One member of staff told us, "I think that the leadership and management is good, it allows us to express ourselves and bring something to the table, we are not restricted from giving input". When asked what was important in relation to the running of the home, the registered manager told us, "We are here because of these guys".

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 home was safe.

Staffing levels were sufficient and were adapted to meet peoples' individual needs and preferences. People were protected from abuse. Staff understood the different types of abuse and knew how to report it if they had any concerns.

Risk to peoples' safety had been assessed and suitable measures implemented to ensure that people were able to take risks to promote their independence and development.

Medication administration was safe and people received their medications correctly and on time.

Is the service effective?

Good

The home was effective.

People were supported by staff that were trained to ensure that they had the knowledge and skills to meet their needs. People were supported to have access to relevant professionals to ensure that their health needs were met.

People were asked for their consent and the registered manager and staff had an awareness of the legislative requirements to ensure that people were not deprived of their liberty unlawfully.

People had access to food and drink of their choice and were encouraged to develop and maintain life skills in relation to the purchasing and preparation of food.

Is the service caring?

Good

The home was caring.

People and staff had positive relationships, staff were caring and compassionate. People were treated with dignity and respect and their right to privacy was maintained.

Peoples' communication needs were met, staff used various

communication and support methods to interact with people to promote understanding and interaction and involve them in their care.

People were supported by staff that enabled them to express their wishes and make informed decisions about the support they received.

Is the service responsive?

Good

The home was responsive.

People received personalised care from staff according to their needs, abilities and preferences.

People had access to regular meetings to express their views and feelings.

There were systems in place to enable people and their relatives to make comments and complaints about the care and support received.

Is the service well-led?

Good

The home was well-led.

Quality assurance processes ensured the delivery of high quality care and drove improvement.

People, relatives and staff were positive about the management and culture of the home. The registered manager maintained links with other registered managers within the organisation to share good practice and maintain their knowledge and skills.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the home.

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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 took place on the 21 October and 20 December 2016. The first day of the inspection was unannounced; however the registered manager was aware that we were going to return for a second day of inspection. The inspection was carried out by one inspector.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. Before the inspection we checked the information that we held about the home and the provider to decide which areas to focus on during our inspection.

During our inspection we spoke with three people, two relatives, three care staff, the deputy manager and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records about peoples' care and how the service was managed. These included the care records for four people, medicine administration record (MAR) sheets, four staff training and support and employment records, quality assurance audits, incident reports and records relating to the management of the home. We observed care and support in the communal lounges and dining areas during the day.

The service was last inspected in January 2014 and no areas of concern were noted.

Good

Is the service safe?

Our findings

People and relatives told us that people felt safe. Risk assessments and support plans had been devised and implemented according to peoples' needs and enabled people to take appropriate risks to maintain their independence. One person told us, "Yes, I feel safe, they're good here".

People were supported by staff that were suitable to work within the health and social care sector. Disclosure and Barring Service (DBS) checks had been undertaken prior to employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. Staff records showed that information regarding their employment history and suitability of work had also been gained.

There were sufficient staff to ensure that people were safe and supported according to their needs and preferences. Peoples' individual needs were assessed and this was used to inform the staffing levels. The registered manager explained that the staffing levels and shifts had been aligned to meet peoples' individual support needs. For example, it had been identified that some shifts had started at 8:00am, this did not take into consideration the time people wanted to get up so they had changed and some staff started their shifts at 9:00am. Similarly, additional staff were asked to work later in the evenings when people wanted to attend social events such as concerts or parties. People, relatives and staff told us that there was sufficient staff on duty to meet peoples' needs and that when they required support staff responded in a timely and appropriate manner and our observations confirmed this.

Staff had an understanding of safeguarding adults, they had undertaken relevant training and could identify different types of abuse and knew what to do if they witnessed any incidents. There were whistleblowing and safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding peoples' safety and well-being. A whistleblowing policy provides staff with guidance as to how to report issues of concern that are occurring within their workplace. People had the opportunity to meet with their keyworker regularly. A keyworker is a member of staff who is allocated to each person, so that they can be a point of contact for the person if they wish to discuss their care needs or have any concerns. These meetings provided a forum in which people could discuss issues of concern in relation to their support as well as providing an opportunity for people to raise issues of harm, abuse, bullying or discrimination if necessary. These meetings were adapted to meet peoples' needs and to ensure that they were able to communicate in their preferred way. For example, some were conducted in a more informal way to meet peoples' preferences.

When incidents in relation to people's safety had occurred, such as when people displayed behaviours that challenged others, staff had sought advice and guidance and appropriate referrals to the safeguarding team at the local authority had been made. Following incidents, information had been recorded, gathered and analysed to enable staff to gain an insight into why incidents had occurred. For example, records for one person showed that staff had built up a range of information about the behaviour and mood of the person in response to different situations. There was clear guidance for staff to follow that informed them of the triggers to peoples' behaviour and what they needed to do to support the person appropriately and

according to their needs. The registered manager explained that when people displayed behaviours that challenged, that is was important to support the person at a time when intervention would be most appropriate and effective. That it was important not to wait until the person's anxiety levels were so elevated that they were distressed and unlikely to be effectively supported to calm down. They told us, "When people reach a certain point when they are so distressed, it isn't the right time to offer distraction or intervene. It may be difficult for us to manage when they get to this point but more importantly it is devastating and so upsetting for them to have to go through it".

Positive risk taking helps ensure that staff are not risk averse and promotes a culture of positive risk management, to enable people to live their lives how they want, and promote their rights and freedom. People were supported to undertake positive risk taking. Risk assessments were reviewed regularly and took into consideration the perceived extent of the risk, the likelihood of the risk occurring and the measures in place to minimise the risk. Suitable measures had been taken to ensure that people were safe, but their freedom was not restricted. Dependent on the person's choice of activity, risk assessments were undertaken to ensure that the person could partake in a safe manner. For example, risk assessments were in place for people who chose to go swimming or who wanted to access the community independently. Peoples' independence and development of life skills were not adversely affected by risk assessments. One person told us, "I like it because I can go to the café on my own, I get the bus there". It was evident that risk assessments were supportive and enabling for people. Strategies to ensure one person's safety had been identified and implemented. For example, staff encouraged the person to visit a local area so that they only had to travel on one bus and didn't have far to walk when they arrived. The area was also easily accessible for staff if the person required assistance when they were there.

Risks associated with the safety of the environment and equipment had been appropriately identified and managed. Regular fire and health and safety checks had been undertaken to ensure peoples' safety. There were low incidences of accidents and incidents, and records showed that these had been dealt with appropriately and risk assessments or practices updated as a result.

People, who were able, were able to dispense and administer their own medicines and there was appropriate risk assessments and monitoring in place to ensure their safety. Staff had received training on medicines administration and had their competency assessed. When people were prescribed medicines that could be administered on an 'as and when required' basis, there were clear guidelines in place for staff to follow, which informed them of when to offer the medicine, this ensured that staff were consistent in their approach and people had access to medicines when they required them. There were safe systems in place for the ordering, dispensing, administering and disposal of medication.

Good

Is the service effective?

Our findings

People were cared for by staff with the relevant skills and experience to meet their needs. People and relatives told us that they felt staff were competent and well trained. When asked what they thought about the staff, a relative told us, "They're brilliant, they do a difficult job but they're absolute diamonds".

The registered manager had a commitment to staff's learning and development from the outset of their employment. New staff were supported to learn about the provider's policies and procedures as well as peoples' needs. An induction was completed to ensure that all new staff received a consistent and thorough induction. Staff had undertaken induction workbooks and the manager was aware of the introduction of the care certificate and explained that new staff would be working towards this. The care certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. In addition to this staff were able to shadow existing staff to enable them to become familiar with the home and peoples' needs and support requirements, as well as to have an awareness of the expectations of their role. Staff felt that this was a really useful learning experience. One member of staff told us, "The first few days I read clients' files. I observed and spent the first week and a half shadowing".

Staff had access to training that the registered manager felt essential to their roles as well as training that was specific to the needs of the people they were supporting. Records showed that most staff had undertaken courses such as autistic spectrum conditions, epilepsy and learning disabilities awareness. Some staff had achieved diplomas in health and social care whilst others were working towards them. One member of staff told us, "I feel supported, I have been able to do my diplomas and I get support on an ongoing basis". Observations of the support provided showed that staff had a sound awareness of how to support people who had a learning disability or an autistic spectrum condition, in an appropriate and effective way. For example, staff knew how to diffuse situations and used distraction techniques when people were becoming anxious or distressed. Staff felt supported and had access to regular supervisions and appraisals, that enabled them to discuss any concerns they had, reflect on practice, plan learning and development and receive feedback from the registered manager. Staff told us that they valued these sessions, and also explained to us that they could approach and speak to the manager about any concerns they had at any time. Records showed that staff had been provided with additional supervision if there had been any incidents or areas of practice that needed further development had been identified.

In addition to ensuring that there was sufficient staff that had the relevant skills to meet peoples' needs, the registered manager also allocated work to staff in accordance with their skills and interests, to ensure that they were matched with the people they supported. The registered manager explained the importance of ensuring people were supported by staff that they liked and that they had an affinity to. For example, one person, who preferred to be supported in a structured way with agreed boundaries, was only supported by staff that knew the person's needs and requirements and who could provide the type of support the person preferred. The registered manager told us, "You can tell when people like the staff and you have to make sure that they are supported by staff that are going to support them in a way that they want to be supported".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications to the local authority, to deprive people of their liberty, due to having a keypad lock on the front door to ensure peoples' safety, were submitted. This related to several people who were unable to leave the home on their own due to risks to their safety and well-being. The registered manager fully understood the requirements of this legislation and had acted in accordance with it, therefore ensuring that people were not deprived of their liberty unlawfully. Staff were also aware of the importance of ensuring that people gave their consent, they explained their actions before offering support and ensured that people were asked for their consent. One member of staff told us, "We always get their consent first before supporting them with anything". Observations and records confirmed this. One person was asked what they would like to do that day and who they wanted to support them. This was confirmed by one person who told us, "I can choose who I go out with and I pick the ones I like". A member of staff told us, "It's good how they deal with people, they involve them with everything".

There was varied feedback with regard to the food. Most people were happy with the food provided. One person told us, "I like the food here, X is a good cook". Whilst another person, when asked about the food told us, "It's passable". People were able to choose what they had to eat and drink, there was a weekly meeting where people were asked what they would like to eat that week. People were given choices of main meal and could choose alternatives if they wished. There were no set mealtimes and people could choose when and where they had their meals. Independent living skills were promoted and observations showed people freely using the kitchen to make hot drinks and sandwiches whenever they were thirsty or hungry. People were also encouraged to be involved in purchasing shopping and preparing the meals.

People's health needs were met, they had regular access to health care appointments and records showed that referrals had been made to health professionals. Support plans contained detailed information about people's medical and health needs. One person who had an autistic spectrum condition had a fear of the dentist; records showed that staff had used their knowledge of the person and a calm approach to encourage the person to let the dentist examine their teeth.

Good

Is the service caring?

Our findings

People were cared for by kind, compassionate and caring staff. People and relatives were equally complimentary about the caring nature of the staff and the management team. One person told us, "They're very kind, I like them". Another person told us, "I like living here, I have a key worker, I get on well with them". A relative told us, "We are very happy, my relative has a good rapport with the carers, we'd know if they weren't happy. The staff are absolutely fantastic, they can't do enough".

People responded well to staff and staff appeared to know people very well. There was a relaxed, homely and welcoming atmosphere within the home. People enjoyed the interaction they had with staff, there was lots of laughter and banter and people appeared to be very happy. Observations showed one person had enjoyed singing Christmas songs with a member of staff. One member of staff told us, "It is a really happy home, we're all happy, all the people talk to staff, we communicate, joke around, we all get along". One person told us, "I'm happy, I'm not angry".

Staff adapted their communication and approach when interacting with people to meet their differing abilities and levels of understanding. Observations showed staff using various forms of communication when supporting people to ensure they were able to understand them. People were encouraged to communicate with staff through their preferred way. Most people used verbal communication; others required additional support such as using signs or drawing and writing on pieces of paper. Staff explained their actions before offering support to people, ensuring that people were happy with the support being offered to them. Staff interacted with people about their interests, hobbies and preferences. For example, we observed staff talking to a person about their love of their favourite pop band. The person responded well to this and clearly enjoyed the interaction. People were empowered and were treated with respect.

People were encouraged to continue to have relationships with their relatives and friends. People told us that they had enjoyed seeing friends at parties and clubs that they attended. One relative told us, "We come here often, there are no restrictions". Relatives told us that having their loved ones live at the home was a great comfort to them. A comment, within a recent relative survey echoed this, it stated, "I would like to thank all the staff for their kindness and care, not only to our relative but to all of us. When we visit all the staff come across as calm and cheerful. They truly are fantastic, thank you".

For people who were unable to fully communicate their wishes and needs, staff were able to offer support to interpret peoples' communication as well as acting on their behalf. Although people did not have an advocate the registered manager explained that this could be arranged. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' differences were acknowledged and respected, peoples' support plans documented their individual needs, abilities, and preferences and staff supported people according to these. People were able to decide when they went to bed, what they had to eat and how they spent their time. Staff adapted their approach to ensure that people were treated fairly and had equal access to activities and resources

regardless of their differing abilities. People were asked for their opinions within monthly keyworker sessions where they were able to spend time with their keyworker and communicate any concerns or make suggestions as to what they wanted to do with their time. During a recent support plan review, one person had stated that they felt lonely and would like a friend. The registered manager had contacted a volunteer service and had arranged for a volunteer to meet with the person regularly to ensure that they didn't feel lonely.

People were treated with respect and their privacy and dignity was maintained. They were able to choose if they had male or female carers and who supported them. Staff demonstrated a good understanding of the importance of supporting people as individuals and protecting their dignity. Staff were observed showing sensitivity and tact when supporting or prompting people with their personal care needs. Some people had locks on their bedroom doors that could be locked from the inside and outside, so that they could have a private space if required. Staff could unlock these doors in the event of an emergency to ensure that people were safe. Peoples' right to privacy in relation to the information that was held about them was maintained, as records were stored confidentially in the office.

Peoples' independence was encouraged and people were involved in decisions that affected them. Some people were encouraged and supported by staff to maintain and develop independent living skills such as cooking, shopping, laundry, household chores and budgeting as well as continuing to be independent with their personal care needs. We observed people independently making themselves lunch. By promoting peoples' independence staff were ensuring that people gained and retained important life skills, felt empowered and had a good sense of self-worth.

Good

Is the service responsive?

Our findings

Peoples' needs had been assessed when they first moved into the home, support plans showed that the person, their relatives and other professionals had been involved in both its development and review. One relative told us, "We are involved on an informal basis, we are kept informed, and the manager phones us and talks about issues".

The Social Care Institute for Excellence (SCIE) states that person-centred planning is a process for continual listening and learning, focusing on what is important to someone now and in the future and acting upon this in alliance with their family and friends. The registered manager was working in accordance with this. They told us, "We have always been a person-centred home, even before the term was used". Support plans were comprehensive and contained detailed, specific information about the person's health needs, abilities, preferences and support requirements, goals and aspirations, informing staff of how to support the person in their preferred way and in accordance with their needs. One person had recently moved into the home and staff told us that they had used information from the person's previous place of residence, their relatives and healthcare professionals as well as gauging the person's reactions to various activities and interactions to enable them to build a picture of the person's preferences and devise their support plan. Support plans were regularly reviewed by staff, with the involvement of people through regular keyworker meetings, where people were asked if they were happy with their support and if they required any changes to be made.

Support plans were enabling and guided staff to promote independence, they ensured that they focused on what people could do as well as offering information and guidance in regards to how the person could be supported according to the condition that they had. For example, for one person who had an autistic spectrum condition, the support plan had provided staff with information about what the condition meant and how this may affect the person. It was apparent that the assessment of this person's needs and condition had been taken into account when planning the care and support. The National Autistic Society states that repetitive behaviour can be a source of enjoyment for people with an autistic spectrum condition and can be a way for them to help cope with everyday life. The registered manager and staff had recognised this and ensured that the person was supported in a way that suited their needs. For example, the person liked a particular pop group and used to regularly enjoy visiting charity shops and car boot sales to find memorabilia. The registered manager explained that this used to cause anxiety for the person when they were unable to find what they were looking for. In response the registered manager had purchased memorabilia from an internet auction site so that they had a stock of this that could be provided to the person each week so that they were not left disappointed or anxious.

People were not at risk of social isolation. People, relatives and staff confirmed that people were supported to choose what pass times they wanted to partake in. Some people attended regular day service activities, such as the local horse riding centre to undertake horticultural tasks, arts and drama programmes, swimming and college courses. People told us that they also attended music concerts, pantomimes and parties. One person told us, "We had a Christmas party, it was good, lots of girls, and I saw my girlfriend". Some people were able to independently access the community and undertook activities of their choice such as walking, cycling or visiting the local cafes. One person told us, "I get bored and lonely in my room so

I come down here for company. I've been out today, I went to the café and had a breakfast and two cups of coffee". The registered manager and staff explained that for some people, new experiences needed to be introduced slowly and gradually so people were accepting of the change and were therefore more likely to enjoy and embrace it. One person, who found making new friends very difficult had been supported and encouraged to try different activities over a period of time. The registered manager and staff told us that the person had sometimes refused to take part in the activity again, whereas other times they had asked to attend. A comment within a recent relatives' survey stated, "Our relative joining 'Superfriends' has been a great success, for which the manager should be commended". Superfriends is a community friendship group for adults with learning disabilities.

People were made aware of their right to make comments and complaints, there was an easy read complaints policy within peoples' support plans and people were able to raise any comments or concerns within regular key worker meetings. There were minimal complaints and those that had been made had been dealt with appropriately and in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

People, relatives and staff felt that the home was well-led. They were complimentary about the management of the home and felt comfortable that they could approach the registered manager at any time. When asked about the leadership and management of the home, a relative told us, "It is very good, we can discuss anything, and we find them very approachable". A member of staff told us, "X listens and is a good manager, it is really, really good, of all the homes I've worked in, this is the most organised. I'd recommend it".

The home was part of a larger organisation that owned a further four services. The provider's aim was to provide high quality residential services that supported people with learning disabilities and autistic spectrum conditions. Within the home the management team consisted of the registered manager, deputy manager and senior support staff. There was a homely, friendly and open culture within the home, people and staff appeared to be very happy. When asked about the provider's ethos, one member of staff told us, "To create a home for life, based on the concept of family". The registered manager told us, "We are here because of these guys". The registered manager was also an operations manager for other homes within the organisation, within that role they had to visit other homes to undertake quality assurance audits. The registered manager explained that they felt this enhanced their knowledge and skills and that they were able to share good practice with other homes. They told us, "I think the fact that I'm involved in other services outside of the home is really important".

People told us that they felt happy, content and at home and that the management of the home was good. One member of staff told us, "I can go to the manager any time, they would rather you ask five or ten times and get it right than not ask and get it wrong. I feel free to talk to them for their support". Information was shared amongst the team through daily records and staff meetings. These enabled the staff team to share information about peoples' changing needs and their support requirements. They also provided an opportunity for staff to be kept up to date with changes and to make suggestions and share their ideas for improvements. This was confirmed in a comment made by one member of staff, who told us, "I think that the leadership and management is good, it allows us to express ourselves and bring something to the table, we are not restricted from giving our input".

There were good systems in place to ensure that the home was able to operate effectively and to ensure that the practices of staff were meeting peoples' needs. There were quality assurance processes such as surveys that were sent to gain feedback to ensure that people were being supported according to their needs, as well as to ensure that people were able to develop life skills, maximise independence and achieve positive outcomes that were meaningful to them. Regular audits were conducted, providing the registered manager with an oversight and awareness of the home and to ensure that people were receiving the quality of service they had a right to expect. Records showed that action had been taken with regard to the results of the audits that were completed. For example, accidents and incidents had been monitored and analysed to identify patterns and trends in order to minimise their reoccurrence.

There were further links with external organisations to ensure that the staff were providing the most effective

and appropriate care for people and that staff were able to learn from other sources of expertise. These included links with local day services and activity groups as well as regular meetings with other managers within the organisation. The registered manager and staff also worked closely with external healthcare professionals such as the GP, to ensure that peoples' needs were met and that the staff team were following best practice guidance. The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.