Royal Mencap Society

Aeolian House

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

This inspection took place on 9 August 2016 and was unannounced. At our previous inspection in December 2013, we found the provider was meeting the regulations we inspected.

Aeolian House is a care home registered to provide care and accommodation for up to eight adults with learning disabilities. The house includes a kitchen, lounge and dining room, bathrooms and toilets. Each person has their own bedroom and there is access to an enclosed garden. At the time of our inspection six people were using the service.

When we inspected, there was no registered manager at the service. A new manager had been appointed and was in the process of applying to register. 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 told us they felt safe and well cared for. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

People had personalised support plans that included expected outcomes and goals for them to achieve and how they wanted their needs to be met. People were encouraged to make their own decisions and remain independent as far as possible. Risk assessments identified risks associated with individual care needs and staff knew how to manage and minimise risks to people's health and well-being.

People's health needs were monitored and they had access to health care services when they needed them. Referrals were made to other professionals as necessary to help keep them safe and well. Medicines were managed safely and people had their medicines at the times they needed them.

People were supported to eat a healthy diet which took account of their preferences and nutritional needs. People chose what they wanted to eat and drink and were supported to buy, prepare and cook their meals.

The service worked in a way which recognised and maintained people's rights. The acting manager and staff understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. They took appropriate action where a person may be deprived of their liberty.

People were frequently consulted about the care and support they received and knew how to raise any concerns. Arrangements were in place for dealing with complaints and responding to people's comments and feedback.

People were supported to maintain their hobbies and interests at home and in their local community. They

were supported to maintain relationships with family and friends who were important to them.

The provider followed an appropriate recruitment process which helped ensure that people were protected from unsuitable staff. Staff received a structured induction and essential training at the beginning of their employment. This was followed by ongoing refresher training to update and develop their knowledge and skills. Staff also undertook training specific to the needs of people they supported. Staff felt well supported in their roles and the standard and quality of their work was kept under review through ongoing performance appraisal.

People were supported by an established staff team who knew people well and were able to explain what mattered most to individuals. Staff treated people with kindness and respect and promoted their independence as far as possible. Individuals were encouraged to build and develop their independent living skills both in and outside the service.

The registered provider had values for the service, which were known and followed by the staff team. Staff had a good understanding of the ethos of the home and were clear about their roles and responsibilities. People and staff told us they found the manager to be approachable and supportive.

There were effective quality assurance systems that were used to monitor, review and assess the service. The manager and provider encouraged feedback from people who used the service, relatives, and staff and this was used to improve their experience at Aeolian House.

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 was safe. People felt safe and staff knew about their responsibility to protect people from the risk of abuse and harm.

Staffing levels were organised according to people's needs and the provider followed an appropriate recruitment process to employ suitable staff.

The environment was safe and well maintained. Risks to people's health and welfare were identified and steps were taken to minimise these without restricting individual choice and independence.

Medicines were managed safely. People received their medicines as prescribed and when needed.

Is the service effective?

Good

The service was effective. People's rights were protected because staff understood and followed the principles of the Mental Capacity Act 2005.

People were supported to eat a healthy diet which took account of their preferences and nutritional needs. They received the support and care they needed to maintain their health and wellbeing.

Staff worked well with health and social care professionals to identify and meet people's needs.

Is the service caring?

Good

The service was caring. People were actively involved in decisions about their care and support. They were supported to maintain relationships that were important to them, including their friends and relatives.

People were treated with kindness and staff knew their background, interests and personal preferences well.

Staff were respectful and promoted people's dignity and independence.

Is the service responsive?

Good

The service was responsive. People using the service experienced a personalised service based upon their needs and choices. Staff responded to any changing needs and care plans were regularly reviewed to make sure people received the right care and support.

People took part in activities they enjoyed and had interest in. People had good links with the local community.

Arrangements were in place for dealing with complaints and responding to people's comments and feedback. People had confidence that staff listened to any concerns they raised.

Is the service well-led?

Good

The service was well-led. People that used the service and staff told us they found the new manager to be approachable and supportive.

Staff understood their roles and responsibilities and followed the provider's values when supporting people.

There were effective systems in place to monitor the quality and safety of the service and plan on-going improvements. Where issues were identified action was taken to improve the service people received.

Aeolian 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.

Before the inspection we reviewed information we held about the service. This included information from previous inspections and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. Prior to the inspection, the acting manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

This inspection took place on 9 August 2016, was unannounced and carried out by one inspector.

We met with five people using the service who gave us direct feedback about their care and experiences. The acting manager was not available on the day of our visit. We spoke with three members of staff which included the shift leader [person in charge].

We looked at care records for three people who used the service. We checked records for the management of the service including staffing rotas, quality assurance arrangements, meeting minutes and health and safety records. We also reviewed how medicines were managed and the records relating to this.

Following our inspection, we spoke with one person's relative to obtain their views about Aeolian House. The acting manager also sent us information we had requested. This included the home's Statement of Purpose, quality assurance systems and action plans, staff recruitment, training and development records. We also spoke with the area manager for the service.

Good

Is the service safe?

Our findings

People living at Aeolian House were kept safe from the risk of abuse and avoidable harm. One person told us, "I would report to the staff if I felt unsafe." Other people commented how the staff team supported them to share any concerns about the way they were treated. This was achieved through monthly meetings with their keyworkers. A relative told us, "We have always felt [our relation] is safe."

Staff had ongoing training on keeping people safe from harm and were familiar with safeguarding procedures. They were able to describe signs of abuse and were clear about their responsibilities should they suspect abuse. Staff knew who to contact outside their own organisation if they needed to, for example, social services or the police. Policies about protecting people from abuse and whistleblowing provided staff with information on how to raise concerns about abuse or poor practice. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and what people spent was monitored and accounted for.

Records held by CQC showed the service had made appropriate safeguarding referrals when necessary and showed and that staff worked proactively with other agencies to protect people.

Risks to people's health and welfare were identified and managed appropriately in the least restrictive way. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. Risk assessments were personalised and set out what to do to keep people safe in relation to day to day support and activities. This included managing medicines and finances, safety in the home and travelling independently in the community. Staff demonstrated knowledge and understanding of these risks. They shared examples such as making sure one person always had their mobility aids and that people had one to one support in the community where needed. The risk plans were personalised, tailored to people's individual needs and had been updated when necessary. For example, one person's needs around mobility had changed and a risk plan was implemented to minimise the risk of falls.

Accident and incident records we checked were fully completed, reviewed by the acting manager and reported to the provider every month. This was to check for any themes or trends.

Aeoilan House was safely maintained and there were records to support this. Health and safety checks of the premises and equipment were carried out and systems were in place to report any issues of concern. Essential repairs were carried out by the housing association who owned the property. There were arrangements in place to deal with unforeseen events. The provider had emergency policies and procedures for contingencies such as utility failures or in the event of a fire. Staff were trained in first aid to deal with medical emergencies and told us support was always available through on call management arrangements. People had personal emergency evacuation plans (PEEPs) and took part in fire drills.

People felt there were enough staff to support their needs. There was a stable staff team and the low staff turnover meant that people experienced consistent care and support. Staffing levels were based upon

people's support needs and the activities they each had arranged on a given day. There was a minimum of two to three staff during the day with one staff on a sleeping in duty overnight. Staff allocation records showed that people received the required staff support and this was planned flexibly. For example, where there were planned outings or activities, or where people needed one to one support either at home or in the community. One person received local authority funding for individual staffing. At the time of our inspection six people were using the service, one of whom was in hospital. Where necessary the provider had systems in place to cover staff absence at short notice.

We discussed the recruitment process with a member of staff. They told us they had been asked to provide references and a police check (DBS) had been undertaken before they were allowed to work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record. We were unable to check staff files on the day of inspection due to the manager being unavailable. Following our visit, the manager provided confirmation about the provider's systems for the recruitment and selection of staff. This showed that the required checks were completed and people were protected from the risk of unsuitable staff. After an interview, potential employees were invited to the service to meet people. People could ask their own questions before a final decision was made about the candidate.

People were supported safely with their medicines. People had individual medicine cabinets in their bedrooms and profiles which explained what their medicines were for and how they were to be administered. There were appropriate risk assessments to show whether people were able to manage their medicines. One person took responsibility for managing their medicines in line with their health condition. We checked the medicines for one person which corresponded with their medication administration records (MAR). The records were up to date and there were no gaps in the signatures for administration. Every week the manager checked the MARs to make sure any issues or errors were picked up and addressed. Staff kept up to date records for the receipt, administration and disposal of people's medicines.

Where people had been prescribed medicines to be taken when required (PRN) clear guidance was available to staff about how and when these should be administered. People had regular medicine reviews with relevant professionals to promote good health.

Staff had completed training in the safe handling of medicines and the manager completed observations of staff practice to ensure they were competent in medicines administration. We discussed medicines management with a member of staff. They showed knowledge about the reasons why people were prescribed their medicines and told us they would refer to people's profiles if they were unsure.

Good

Is the service effective?

Our findings

People received effective care and support from staff with the skills and knowledge to meet their needs. Training was frequent and included an induction for all new staff. One member of staff spoke highly of the support, training and guidance given to them when they joined. They told us, "The seniors were very reassuring and very supportive. They introduced me to everyone and were helpful in terms of how I could learn, and allowed me time to learn."

The provider had a training department and an ongoing programme of mandatory training. The electronic training record showed all completed training and flagged up an alert when refresher training was due. Planned updates were booked accordingly and enabled staff to keep their knowledge and skills up to date. Staff told us they received timely reminders to update any mandatory courses and that they received the training they needed. Specialist training was provided so they could meet people's needs, this included learning about diabetes, epilepsy and how to transfer people safely. One staff member described training opportunities as "particularly good at this service." Following our inspection the manager provided an overview record of the training undertaken by the staff team which confirmed that staff were up to date.

There were arrangements to ensure staff were supported and putting their learning into action. The provider used a supervision and appraisal system known as 'Shape Your Future'. This process involved an ongoing review of staff's potential, development, their role and understanding of the provider's values based on being inclusive, trustworthy, caring, challenging and positive. Records provided by the manager confirmed that staff met with them every three months and had a yearly appraisal. Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time. Staff received an overall rating for their work performance each year. Staff told us they felt supported and could openly discuss any issues with the manager.

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us that staff always offered choices. We saw staff work in an inclusive way with people and always sought their permission before carrying out any support. Care plans recorded that staff should respect people's rights to make their own choices and to take informed risks. People using the service had

been asked to contribute and sign in agreement with records about their care.

People's individual care records included assessment information about their capacity to make decisions on specific aspects of their care. Examples included taking medicines and managing finances. Outcomes were recorded to show where people could make decisions. The manager had assessed where a person may be deprived of their liberty and submitted applications as necessary to the local authority. For example, it was recorded that one person was "under continuous supervision and control" as it was unsafe for them to access the community unaccompanied. At the time of our inspection the applications were still in process. There was information and guidance available to staff about the MCA and how this legislation impacted on the care they provided to people.

People were encouraged to have a healthy diet and participate in food preparation and cooking. The staff took a personalised approach to meal provision. A menu was in place as a guide and displayed in the kitchen. One person told us, "We can choose an alternative meal if we want." People met each week to discuss and plan their meals. Where people wanted to shop and prepare their own snacks or drinks they were supported to do so. This was confirmed by a person using the service who told us they cooked independently.

Care plans included details about people's nutritional needs; staff monitored any significant changes in people's appetite or intake and contacted the GP if necessary. Other professionals, such as the dietician, were involved in people's care if this met an identified need.

People told us staff supported them to see their GPs and other health professionals when they needed to. People had health action plans that explained what support they required with their healthcare needs. They were in a suitable format and included pictures to help people understand their plan. We noted that some plans had not been reviewed for over two years and might contain out of date information. Following our inspection, the manager confirmed that these plans had been reviewed and updated for accuracy.

Discussions with staff showed they knew people's needs and recognised when there were health concerns. Staff contacted GPs and accompanied people to their healthcare appointments. One member of staff told us that speaking with the doctor helped them learn about different health conditions and the best way to support a person.

Records of all health care appointments were kept in people's files. These records detailed the reason for the visit and the outcomes. Staff noted any advice given by healthcare professionals and where changes to a person's care were required, these were put into place. For example, one person had experienced increased falls, staff made an appointment with the GP that led to a consultant referral and a hospital stay to investigate the cause. When the person came home, there was involvement from occupational therapy and physiotherapy to ensure the person had the equipment and support they needed.

People also had 'hospital passports'. This was a document that could be taken to the hospital or the GP to make sure that all professionals were aware of people's individual needs.

Good

Is the service caring?

Our findings

People were complimentary about the staff and the support they received. They talked about their keyworkers and how they valued spending time with staff on a one to one basis. One person told us, "My keyworker is very nice." Another person spoke about favourite activities they enjoyed with their keyworker. A relative described a "very relaxed atmosphere" in the home and told us their family member was "more than happy with the staff."

People had lived together for many years, staff knew them well and could describe each person's character, their likes, dislikes and preferred interests. Staff recognised people's strengths and what level of support was required to maintain their independence. These details were included in the care plans and corresponded with what staff told us. A relative told us, "[name of staff] has known [my relative] a long time, is very honest and puts herself out for her."

The atmosphere at Aeolian House was homely and relaxed. When people returned home after lunch, or from their activities at the day centre, they received a warm welcome from staff, and there was friendly conversation. Staff were caring towards people and treated them with respect. We met with people during their evening meal which was a sociable experience where people and staff chatted and laughed together.

People decided how and where they spent their time and made decisions about their care and support. People met with their key worker and discussed this every month. These review meetings focussed on the person, how they were feeling, whether their goals and wishes had been achieved and how staff supported them. Activities were discussed and any appointments that needed planning around healthcare needs. The document was signed in agreement by the individual and their keyworker. Example questions included, "Have your support staff done a good job of supporting you this month? Would you like to be supported differently?" and "What has made you happy/unhappy this month?" Records showed that keyworkers listened to people and their ideas. One person had expressed an interest in getting a car; their keyworker discussed the expense involved and suggested they could try go karting as an alternative.

Where needed, information was made accessible to people. The monthly keyworker reviews included pictures to help people understand the information. There were easy read leaflets about making complaints and people's health action plans included photos and plain language. At the start of the service people were provided with a 'tenants guide'. This contained relevant information about the home and its facilities, what standards people should expect, how to make a complaint and provide feedback. We noted that the guide had not been reviewed since 2013 and the manager agreed to review it for accuracy.

Care plans were written in a positive way, which valued the person and gave them ownership. For example, people had an 'about me' profile which included details such as "I am great at..." and "I can sometimes find it difficult to…" There was information about how to communicate with people in ways they preferred. One example included, "Use short sentences, use simple vocabulary, only 2-3 words per sentence and check I have understood." Triggers or events which may cause people anxiety and ways to help people overcome this were clearly recorded. Staff could explain what these triggers were and how to support the person. One

member of staff told us, "If [person] becomes upset, [they] will shout, I reassure [them] about the situation, show patience and divert the conversation."

A person living at Aeolian House had passed away earlier in the year and staff had supported people through the bereavement. A memorial bench had been purchased for the garden and there were plans to hold a ceremony to commemorate their loss.

Staff supported people to maintain relationships and social links with those that were close to them. People visited their families and relatives were invited to parties or other social events in the home. Records showed that relatives and family representatives were invited to review meetings and kept informed about any significant events. One relative said, "They [staff] keep me informed, I've been involved with meetings." They also told us they were "made to feel welcome" whenever they visited.

Staff were knowledgeable about person centred care and the provider's values. One staff member told us. "The ethos of Mencap is to put people first." Staff spoke about respecting people's individual rights and choices and encouraging people to do as much for themselves as possible. People confirmed that staff always respected their privacy and choice to be alone if they preferred. Staff were clear about their role to maintain people's dignity such as making sure they received personal care in private and knocking on bedroom doors before entering.

Good

Is the service responsive?

Our findings

People using the service had been living at Aeolian House for many years. They were supported by an established staff team who understood and responded to their needs. Staff we spoke with showed detailed knowledge about each person and what activities they enjoyed. They were able to tell us what they would do if people were unwell, unhappy or if there was a change in a person's behaviour. A person's relative felt confident that the staff were familiar with their family member's needs and knew how to support them. They told us that their family member's health was improving.

Assessments had been undertaken before people moved in. This was achieved through gathering information about the person's background, areas of independence, needs and aspirations in their daily lives. People's assessments provided relevant social and healthcare information and where appropriate, included information from social services that had been reviewed each year. The needs assessment was used to develop a support care plan. This was created with the person's input and identified clear goals that they wanted to achieve, the interests they would like to pursue and who was involved. Details in the support plans were personalised and individual. Person-centred care is a way of helping someone to plan their life and support, focusing on what's important to the individual person.

People were involved in reviewing their care along with their families and other professionals so they continued to receive the individual care and support they wanted. All aspects of the person's health and social care needs were reviewed every six months. People's support plans and individual risk assessments were updated where necessary. Daily records were completed to record each person's daily activities, personal care given, what went well, what did not and any action taken. This ongoing review process enabled the service to monitor that the care and support met people's needs.

We found the service was responsive to people's changed needs or circumstances. For example, staff described how they supported a person who had changed mobility needs and what support another person needed to manage their health condition. The service worked with external professionals so staff could find out the best way to care for people and promote their well-being and safety. We saw that one person was provided with equipment they needed to regain their independence, whist maintaining a safe environment.

Care plans included information about how specific health conditions might impact upon people's care. There were details about how the condition affected people's daily lives and what action staff should take to ensure care remained appropriate and met their needs. Staff showed good knowledge about these needs such as those associated with diabetes and epilepsy. One member of staff described the importance of monitoring blood sugars closely and supporting a person for yearly eye check appointments.

Staff spoke about people's achievements and progress. One person's anxieties around change had reduced due to providing them with a structured routine and consistent staff support. Another person had recently moved on to a supported living service.

People's diversity, values and human rights were respected. Staff recognised and supported people's

individuality, including their spiritual, cultural and religious needs. Care records included information about any specific preferences. People had the right specialist equipment to promote their independence and meet both their physical and sensory needs. This included picture communication aids and mobility equipment.

Staff worked in ways which encouraged people to remain as independent as possible. People were encouraged to keep their home clean and tidy and develop their daily living skills in these areas. One person told us they shopped and cooked their meals independently. Another person took responsibility for management of their health condition.

People had good links with the local community and took part in activities that met their needs and interests. Four people accessed the community independently and used public transport. Individuals were able to pursue a wide range of leisure interests including swimming, eating out and outings to places of interest. One person told us they enjoyed going bowling and playing snooker with their keyworker. Another person spoke positively about their job in a local charity shop. Care plans recorded what was meaningful to people and how staff should support them with their activities. Staff were aware of people's interests and hobbies and supported them with their choices. They maintained records to check that people did the activities they wanted to do.

People said they would talk to the manager or their keyworker if they had to complain and were comfortable to do so. The provider had a complaints procedure which set out the steps people could follow if they were unhappy about the service. There was information about who to contact and how complaints would be managed. This was written in plain easy to read English and illustrated with pictures. People were also encouraged to discuss any concerns or worries through monthly meetings with their keyworker.

Group meetings were held with the people using the service to discuss plans for the home and to find out their views. We reviewed minutes of two recent meetings which included discussions about people's ideas for meals, places to visit and other activities. We noted that records from previous meetings were not reviewed which meant it was unclear whether action had been taken in response to people's comments. We discussed this with a member of staff who agreed to include a review at future meetings.

Good

Is the service well-led?

Our findings

At the time of our inspection, the registered manager had left the service. A new manager had been in post since March 2016 and was in the process of registering with CQC. They also managed another service owned by the provider and told us they divided their time between the two services accordingly. In the absence of the manager, staff told us support was always available through the provider's on call arrangements. People and staff we spoke with were complimentary about the way the service was managed. One person told us the new manager was "very nice."

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The manager was supported by an area manager and all members of the staff team had designated duties. We observed effective team work and communication between members of staff during our visit. The staff team were caring and dedicated to meeting the needs of the people using the service. They told us that they felt supported by management and worked well as a team. Staff said the manager was approachable and available. They said they felt listened to and could contribute ideas or raise concerns if they had any. One member of staff told us, "[the manager] is doing a superb job" and described the manager as "very patient."

The provider's vision and values were communicated to staff through staff meetings and one to one supervisions. Staff were provided with a monthly newsletter which kept them up to date on news both locally and nationally within the organisation. The provider had a reward scheme recognising employees for achievements in the workplace.

Staff told us information about people and the day to day running of the service was shared through face to face handovers and regular staff meetings. Minutes of staff meetings showed there were discussions around supporting people, training, health and safety, operational changes and development of the service.

There was a quality assurance system for monitoring all aspects of the service provided to people. This was a formal system in place for all of the provider's establishments. It included compliance reports, visits by the area manager and monthly audits to assess how well the service was running. The provider regularly looked at incidents and accidents, complaints and safeguarding to identify where any trends or patterns may be emerging. The manager reported these to the provider every month.

Visits by the area manager included speaking with people and staff about their experiences, checking the premises and reviewing people's records such as finance and medication. Reports of these visits were not recorded although the area manager told us that any issues raised were discussed with the manager and added to the continuous improvement plan (CIP) for the service. The CIP identified where improvements were needed, the actions to be undertaken and timescales for completion. Progress updates were also recorded and there were records to show how actions were being addressed. The condition of the environment had been highlighted as a shortfall in the service. Since our last inspection we saw that extensive refurbishment had taken place which people valued. One person told us, "The decorating has got better" and another person said, "We have a new kitchen and own cupboard for food provisions." There were further plans to improve and people were in the process of choosing new carpets for their bedrooms.

We discussed the Care Quality Commission's new inspection approach and how the provider's quality assurance systems could incorporate the five key questions and fundamental standards for care. The area manager said they would discuss this with the quality team.

The provider's quality team also completed specific audits. Where shortfalls had been identified, action had been taken to improve practice. This had included a recent review of health and safety procedures and people's support plan records.

The PIR gave us detailed information about how the service performed and what improvements were planned. Staff told us they were learning how to use a new electronic care planning system and that they liked the new supervision and appraisal system.

People were actively involved in improving the service they received and provided with a pictorial survey every year. A 'reflection event' was also held once a year with people using the service, staff and management to review what had gone well and what could be better. The provider also used questionnaires to gain feedback from people's relatives or representatives. They used the information to see if any improvements or changes were needed at the service. One person's relative confirmed they received surveys but did not always receive feedback. They also felt that communication could be improved with senior management in the organisation. We discussed this with the area manager who agreed to look at additional ways of providing feedback to people's relatives.

The service worked in partnership with others and there was good communication with other professionals and agencies to ensure people's care needs were met. Care records showed how professionals had been involved in reviewing people's care and the levels of support required.

Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. Our records showed that since our last inspection the registered provider had notified us appropriately of any reportable events.