

Parkcare Homes (No.2) Limited

Riverview

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection took place on the 31 October and 3 November 2016 and was unannounced.

Riverview is registered to provide care and accommodation for up to 10 people. On the day of the inspection eight people were living at the service. Riverview provides care for adults with a learning disability. The service particularly specialises in providing care for people with Autistic Spectrum Disorders.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service provided outstanding care and support to people enabling them to live fulfilled and meaningful lives. People were unable to tell us verbally about their experiences of the home, however, the difference the service was making to people's lives was visible. People who had previously been restricted were now being supported in a different way, which gave them more freedom and an enhanced quality of life. We heard many examples of how people's lives had changed for the better and about how many new opportunities they now had.

The home environment was tailored to individual needs and to help people to be as independent as possible. People who wanted or needed their own separate space were provided with facilities, which catered to their needs and were totally separate to the communal parts of the home. People who wanted the company of others were able to spend time in the communal areas with the right balance of staff support to keep them safe, whilst also allowing for a homely and relaxed environment.

Relatives and other agencies were without exception, extremely positive about the service and the care people received. Relatives told us about how people had moved from services where they had not been able to go out and had needed medicines to keep them calm and safe. We were told that since moving to Riverview people's lives had changed and due to the care and the skills of the staff team people had progressed, experienced new opportunities and had more independence. Comments included, " They used to be in a sparse room, now they have personal belongings, they never went out, now they go into town to the local coffee shop and people know them", and " The change has been dramatic, [...] eyes used to look

sad, now they are smiling and bright, it is wonderful".

Other agencies were very positive about the staff team and leadership of the service. We were told that staff embraced ideas and worked hard to ensure people were able to do the things they wanted. The overall view of other agencies we spoke with was that despite the complex needs of people they supported the service had managed to deliver excellent quality personalised care within a residential setting.

There was an extremely positive culture within the service. The management team provided strong leadership and led by example. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Individualised care was central to the home's philosophy and people were placed at the heart of the service. Staff demonstrated they understood and practiced this by talking to us about how they met people's support needs. Staff spoke with commitment and used words like, "Individual" and "Independence" when they talked about people they supported.

Staff were highly motivated and inspired to offer kind and compassionate care and support. All the staff said they enjoyed their work and loved seeing people progress. We saw a number of examples of progress people had made since moving into the home. We saw how personalised care and a positive approach to managing behaviour had resulted in people having increased opportunities and enhanced well-being. Relatives said, "We never would have thought it was possible, they go out now and we even enjoy a meal together, that had never happened before".

People were supported to express their views and have their voice heard. Staff were creative and used innovative methods to help people express their views and understand what was happening around them. One person had a personal timer to help them understand what was happening now and later. This helped reduce their anxiety and have control over their routines and lifestyle. Your voice meetings were held with people and information was available in a range of formats about issues relating to people's care and the service. Pictures had been taken of builders working in the service and a contract drawn up with people so they could have their say on how they wanted these workers to behave when they were working in their home.

There were sufficient numbers of skilled staff to meet people's needs and to keep them safe. Staffing levels were regularly reviewed and planned in line with people's daily routines to help ensure they were able to do the things they needed and wanted. The provider had clear and effective recruitment procedures in place and carried out checks when they employed staff to help ensure people were safe. Relatives said they believed and trusted that people were safe, "Comments included, "The staff are so good at being consistent, before [...] came here, it was awful, they were very distressed, we worried for their safety, now we can sleep at night". People were protected by staff who knew how to recognise signs of possible abuse. Staff said reported signs of abuse or poor practice would be taken seriously and investigated thoroughly.

Staff were well trained and said training was relevant to their role and kept updated. The registered manager was passionate about developing the skills of the staff team, and had a commitment to people and their relatives about what the service had said they would deliver. A relative said, "Everything they told us they would do, they have done, we have not experienced this in other services".

People had their medicines managed safely, and received their medicines in a way they chose and preferred. Staff undertook training and understood the importance of the safe administration of medicines. Staff said they undertook regular competency checks to test their knowledge and to help ensure their skills

were up to date and in line with best practice.

Management and staff understood their role with regards to the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards (DoLS). Applications had been made and advice sought when necessary to help safeguard people and protect their human rights. When people were unable to consent to their care or support, or were unable to make decisions, discussions took place with relatives, other agencies and staff in the home to help ensure decisions were made in their best interest.

Staff worked really hard to enable people to communicate what they wanted and to reduce the need for behaviours that limited their opportunities. Behaviour management plans were in place for people to help staff understand the behaviour people may present, to recognise the triggers and signs and to safely manage the behaviours if they occurred. Staff had a good understanding of people's behaviours and the guidelines in place to prevent behaviours from escalating. Staff said the number of incidents had significantly reduced for some people and they felt this was due to staff knowledge, training and consistency of care provided.

People's health and dietary needs were well met. People were supported to maintain good health and when required had access to a range of healthcare services. Annual health checks were arranged and 'hospital passports' were in place to support any admissions to hospital. Hospital passports contained important information about the person to help ensure their needs were appropriately met if they should require an admission to hospital or another healthcare facility. People's health needs were monitored closely and any concerns or changes were dealt with promptly.

People's privacy was respected and staff provided dignified and compassionate end of life care. Extracts from thank-you cards sent to the staff included, 'Thank-you for the love, care and unending support, you made [...] comfortable, visited on your days off. You are a fantastic, caring and selfless group of people'. We also read feedback sent to the home by the local Hospice which included, 'Very impressed by the care and compassion shown by the team'.

The service was very responsive to people's specific and diverse needs. Other agencies told us they were always impressed with the creative and personalised care provided to people. Support plans were extremely clear and detailed, providing staff with step- by- step guidelines about people's needs, preferences and daily routines. All the staff we spoke with had a very good knowledge of the needs of people they supported.

All the people who lived at Riverview were supported to lead a full and active lifestyle. We saw a number of examples of how people's opportunities had increased in the time they had lived in the home. A relative said, " It's amazing, they do so much now" and " The staff have been so innovative, [...] had no concept of time, the staff thought of ways of helping [...] understand here, now and next, they have so much more control now over the things they are doing".

Systems were in place to deal promptly and appropriately with any complaints or concerns raised about the service. The provider promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager took an active role within the home, demonstrated a passion for the service and modelled high standards of care, through a hands on approach and attention to detail. All of the staff said they felt valued and supported by their colleagues and management team. Other agencies were very positive about the leadership of the service and said the staff team listened and

embraced ideas.

The provider had a robust quality assurance system in place and gathered information about the quality of the service from a variety of sources including people who used the service, relatives and other agencies. Learning from quality audits, incidents, concerns and complaints were used to help drive continuous improvement across the service.

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 were protected by staff who understood how to recognise and report signs of abuse or poor practice.

There were sufficient numbers of staff to meet people's needs and keep them safe.

The service managed risk appropriately and recognised people's rights to have choice and control over their lifestyle.

People were protected by safe and appropriate systems for handling and administering medicines.

People were protected by safe and robust recruitment practices.

Is the service effective?

Good ●

The service was effective.

People were supported by highly motivated and well trained staff. Induction processes for new staff were thorough and all staff received regular and effective supervision and support.

People's rights were managed appropriately and their best interests were promoted in line with the Mental Capacity Act 2005.

People's behaviours were understood and managed safely and lawfully.

People were supported to have their health and dietary need met.

Is the service caring?

Outstanding ☆

The service was very caring.

The service provided outstanding care to people enabling them to live fulfilled and meaningful lives.

People's lives and well-being had improved as a result of the personalised care being provided.

The registered manager and staff were committed to a strong personalised culture. Kindness, respect, dignity and compassion were integral to the day-to-day practice of the service.

Staff cared about the progress people made and celebrated their achievements.

People were supported to maintain relationships with people who mattered to them. Relatives trusted that staff cared and felt listened to and valued.

Staff used personalised and innovative methods to help ensure people were listened to and involved in their care. People had access to advocacy services when required.

People were provided with compassionate and dignified end of life care.

Is the service responsive?

The service was very responsive.

The registered manager and staff were very committed to providing outstanding and personalised care. People were supported by staff who knew them really well and who were passionate about enhancing people's well-being and quality of life.

Staff used innovative and individual ways of involving people so they felt consulted, empowered, listened to and valued.

The service was very flexible and responsive to people's individual needs and preferences. This approach had resulted in very positive outcomes for people, which were recognised and celebrated by staff, relatives and other agencies.

People were supported to lead a full and active lifestyle. People were actively encouraged to engage with the local community and maintain relationships which were important to them.

Complaints and concerns were listened to, taken seriously and used to drive improvement across the service.

Outstanding 

Is the service well-led?

The service was well-led.

Good 

There was a positive culture in the service. There were clear values and vision for the service, which included involvement, compassion, dignity, respect and independence. The management team provided strong leadership and led by example.

There was a strong emphasis on continually striving to improve and develop the service.

People were placed at the heart of the service and were supported to have their voice heard. Innovative and creative methods were used to enable people to be empowered and to share their opinions.

The service strived for excellence through consultation, training and reflective practice.

Robust systems were in place to assess and monitor the quality of the service. The quality assurance system operated to help develop and drive improvement.

Riverview

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 31 October and 3 November 2016 and was unannounced. One inspector undertook this inspection.

People who lived at Riverview had some communication difficulties due to their learning disability and associated conditions, such as autism. Although some people were able to communicate verbally this was in most cases very limited and people were not able to understand and provide information and feedback about their care and experiences at Riverview. We spent time with people as they went about their daily routines and observed the care and support being provided.

Prior to the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with 12 members of the staff team. This included management and care staff as well as the administrator and specialist behavioural advisor for the organisation. The registered manager was present throughout the inspection and was supported by a deputy manager and two team leaders.

We looked at the care records of five people who lived at the home as well as other records relating to the service. This included staff recruitment records, health and safety records and quality audits.

We also spoke with four relatives and gathered feedback about their views and experiences of the service. We spoke with three healthcare professionals for the local community learning disability team.



Our findings

Relatives and other agencies told us they felt people were safe living at Riverview. A relative said, "I am confident [...] is safe, I can sleep at night trusting that the staff keep them safe".

People were protected by staff who knew how to recognise signs of possible abuse. Staff said reported signs of abuse or poor practice would be taken seriously and investigated thoroughly. Staff had completed training in safeguarding adults and this was regularly discussed and updated. The training helped ensure staff were up to date with any changes in legislation and good practice guidelines. Detailed policies and procedures were in place in relation to abuse and whistleblowing procedures. Staff knew who to contact externally if they thought concerns had not been dealt with appropriately within the service. A safeguarding file was available in the main office with information staff needed to assist them in recognising and reporting any safeguarding concerns. This file contained a clear audit of any safeguarding concerns raised within the service, including a summary of the action taken and lessons learned.

Staff recognised people's rights to make choices and take everyday risks. Assessments had been carried out to identify any risks to the person and the staff supporting them. This included environmental risks as well as risks associated with their support needs and lifestyle choices. Assessments included information about any action needed to minimise the risk of harm to the individual or others, whilst also recognising the need to promote the person's rights, choices and independence. For example, one person had been assessed as having serious risks in relation to choking. The service had worked closely with other specialist services to understand these risks and how the person's behaviour in relation to food could mean they were potentially unsafe and at risk. Staff were able to show us how they helped ensure the person had access to food, whilst also having sufficient staffing and safety measures in place to keep them safe. Another person had known risks associated with sensory loss. The person's support plan detailed how staff needed to support this person to keep them safe and identified risks associated with the environment such as trip hazards.

Lone working policies and procedures were in place to help ensure the safety of the staff team. Staff had been issued with portable radios and panic buttons had been installed for when staff were working on their own in different parts of the home. Staff said they felt safe and were always able to contact someone if they needed a break or any other support.

Assessments had been completed in relation to risks associated with the environment. People had personal evacuation plans in place, which helped ensure their individual needs were known to staff and other services in the event of an emergency. A fire risk assessment was in place, and regular checks undertaken of

fire safety equipment. A maintenance team were employed and undertook regular checks to help ensure the environment was safe and fit for purpose. A plan was in place detailing the action to be taken in the event of a major incident. This included emergency contact numbers and alternative support arrangements for people using the service.

The registered manager made sure there were always enough staff to keep people safe. Staffing levels had been organised for each person dependent on their assessed need. Each person had either one to one or two to one staffing at all times either inside or outside the home. Support plans clearly described how these staffing levels were organised and the support required by each person concerned. During the inspection we saw agreed staffing levels were in place and there were enough staff to support people in different areas of the home and to take people out when they needed or requested. Staff said staffing levels were well organised and sufficient to keep people safe and to meet their needs. Comments included, "Staffing levels have to be planned to ensure people's activities and routines happen on time and when they want" and "The correct staffing levels are crucial to prevent anxiety and escalation in behaviour". Staffing levels were reviewed regularly and changes made when required.

People were protected by safe and thorough recruitment practices. Records confirmed all employees underwent the necessary checks prior to commencing their employment to confirm they were suitable to work with vulnerable people. The service employed an administrator who had responsibility for all recruitment including the use of agency staff. The PIR stated this role helped ensure a safer approach to recruitment by placing key responsibility on the administrator to receive and check applications, arrange interviews, check eligibility to work in the UK, as well as helping ensure a consistent and safe approach in the use of agency and temporary staff.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People's care records had detailed information regarding their medicines and how they needed and preferred them to be administered. A staff member who had specific responsibility for medicines talked us through the process of ordering and checking-in medicines when they arrived in the home. Two members of staff checked the medicines when they arrived cross referencing them with records for each person. Each person's medicines record had a photograph of the individual.

Any allergies were known and highlighted at the front of the person's file. A list of people and their prescribed medicines was available on the notice board in the treatment room for easy reference for staff. This also included details of the person's date of birth and national insurance number so information was easily accessible when making appointments or dealing with an emergency.

Medicines were stored and disposed of safely. A separate room was available for all medicines and associated records. This room was clean and well organised and provided staff with an area where they could concentrate and prepare people's medicines safely. Hand washing facilities, gloves and aprons were available to reduce the risk of cross infection. Medicines were stored safely and in line with guidance. A separate fridge was available for medicines requiring cold storage and temperatures were checked regularly. Arrangements were in place for the return and safe disposal of medicines and excess stock was kept to a minimum.

Clear systems were in place for recording when people took medicines out of the home, for example when they visited relatives or went on holiday. Information was clearly available for staff about people who required when required (PRN) medicines. These protocols helped ensure staff understood the reason for these medicines and how they should be given. The application of prescribed creams/ointments was clearly recorded and these types of medicines were appropriately stored.

People were given their medicines in the way they needed and preferred. For example, one person liked a large drink available when taking their medicines and another person had their medicines prescribed in liquid form as they didn't like taking tablets.

Staff undertook training and understood the importance of the safe administration of medicines. Staff said they undertook regular competency checks to test their knowledge and to help ensure their skills were up to date and in line with best practice.

Quarterly health and safety checks had been undertaken, which had included a report on the environment, staffing levels and recruitment of staff. The last report had highlighted a risk in relation to the dining area and an increase in incidents of challenging behaviour in this part of the home. As a result of the review changes had been made to help ensure people were safer when accessing this part of the home. The registered manager said the change had been positive and had resulted in a significant reduction in incidents.



Our findings

People received care and support from staff who knew them well and had the skills and training to meet their needs. There was a strong emphasis on training and continuing professional development throughout the staff team. Staff we spoke with had taken responsibility for their own learning and said, "Training and an understanding of people's needs is crucial". The PIR stated that the provider believed in personalised training for the staff and developing staff to become trainers, 'Currently we have staff able to train in safeguarding, physical intervention, autism and basic first aid'.

Staff confirmed they undertook a thorough induction when they started working in the service. Comments included, "The induction was quite lengthy, but as a specialist service I think it's really important, it would be unsafe for staff and people not to have it", and "I shadowed experienced staff for two weeks, and then worked alongside each person, getting to know them and watching, but being supported at all times". All new staff had a probation meeting after being in post for six months, to review their progress and to confirm their suitability for the post.

Records and certificates of training demonstrated a wide range of learning opportunities were available to staff. These included, areas such as Health and Safety, Mental Capacity Act, and safeguarding adults. The organisation offers all staff the opportunity to undertake training specific to the needs of people they support. This included training specific to autism, starting at a basic level 1 and working up to a degree level 4. Staff said training was very relevant to their role and the needs of people they supported, "We can always ask for specific training, when I started I asked for training in behaviour management, it was arranged straight away". Each staff member had an annual appraisal of their work and role in the service.

A specialist trainer was available within the organisation to support staff in relation to the management and understanding of people's behaviours. This staff member was available regularly in the home providing training to staff and support in the development of people's behaviour support plans. This support and training helped ensure staff had the skills to understand people's behaviours and to manage behaviours appropriately and safely when incidents occurred. At the time of the inspection the behavioural advisor was working with staff and other agencies as part of a transition plan for a person who was due to move into the service. All staff undertook training in 'Positive Behaviour Management' and this training was regularly updated.

Staff told us they felt well supported by management and the staff team. Comments included, "It is a supportive environment to work in, always someone to speak to, even though we work 1:1 with people you

still feel part of a team", and " The managers and team leaders are very supportive, the office door is always open". Formal one to one staff supervision sessions took place every six to eight weeks, which gave staff the opportunity to discuss with management their role in the service, training needs and other issues. A supervision matrix was available to help ensure supervision sessions were kept up to date. Staff meetings were also held as a forum for open discussion about the service and practice.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions attached to authorisations to deprive a person of their liberty were being met. The 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 as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the mental capacity to make particular decisions, any made on their behalf must be in their best interests and the least restrictive.

Staff demonstrated a good understanding of the Mental Capacity Act (2005) and had undertaken appropriate training. Support plans included information about people's capacity in relation to different areas of their care and lifestyle. Plans highlighted when people were able to make decisions for themselves or when best interest discussions would be needed to support them. For example, one plan stated the person had limited capacity in certain areas of their care and lifestyle, but this did not prevent them making choices about daily routines, such as what they wanted to wear or eat. Records also stated that even if a person had been assessed as lacking capacity, this did not mean consent should not be sought. We saw staff asking for people's consent before providing care, for example, a staff member asked a person if they were happy to have their medicines and waited for a response before administering them. Records confirmed best interest discussions had taken place when required. For example, a best interest meeting had taken place for one person in relation to restricting the number of drinks available to them and the impact excessive drinks was having on their health and well-being. Discussions took place with other agencies and relatives to help ensure any decisions were made in the person's best interest.

Staff were aware of people's rights and supported people where possible to move freely and safely around their environment. For example, we saw one person liked to walk around the ground floor of the service and go in and out of the communal rooms. The staff member supporting them allowed this person to move freely ensuring they remained safe at all times. Some people had their own self-contained living accommodation and access to a garden area so they could move round freely and safely with minimal restrictions.

Some people had been assessed as requiring constant supervision and were unable to go out of the home without supervision. The registered manager was aware of the need to consider people's ability to consent to these supervision arrangements within the legal framework of the Mental Capacity Act 2005 (MCA). People can be deprived of their liberty in order to receive care and treatment, which is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes are called the Deprivation of Liberty Safeguards (DoLS) The registered manager was aware of this process and had made applications under DoLS when they were required.

Staff were supported to understand and manage people's behaviours safely. Behaviour management plans were in place for people to help staff understand the behaviour people may present, to recognise the triggers and signs and to manage the behaviours safely if they occurred. We were told physical restraint would only be used as a last resort to keep people safe. Staff undertook relevant training and policies were in place regarding the use of physical restraint. Staff had a good understanding of people's behaviours and the guidelines in place to prevent behaviours from escalating. Staff said the number of incidents had significantly reduced for some people and they felt this was due to staff knowledge, training and consistency

of care provided. For example, one person had required a high level of staffing when they first moved into the home. Medicines to assist with the management of behaviours and to reduce the person's anxiety had been frequently used. Staff said that the approach by the service had been to understand the person's behaviour and to create an environment for them where they could make choices and move around freely and safely. As a result the episodes of behaviour, staffing levels and use of medicines had significantly reduced resulting in an improved quality of life for the person concerned.

People were involved when possible in decisions about their meals and mealtimes. We saw people being supported by staff to access the kitchen area to prepare lunch, snacks and drinks. People were provided with communication aids when needed to assist them to make choices about what they wanted to eat.

When people had known health needs or risks associated with their diet, plans were in place to support them and keep them safe. One person had been supported to consider healthy food options due to an increase in weight. This had resulted in weight loss and an improved lifestyle as the person was more physically active and able to go out of the house for walks rather than always using the car. Another person had known choking risks and plans were in place to minimise the risks, whilst allowing them access to food, and offering choice in relation to mealtimes.

People's health needs were met. People were supported to maintain good health and when required had access to a range of healthcare services. Annual health checks were arranged and 'hospital passports' were in place to support any admissions to hospital. Hospital passports contained important information about the person to help ensure their needs were appropriately met if they should require an admission to hospital or other healthcare facility. People's health needs were monitored closely and any concerns or changes were dealt with promptly.

Some people due to their needs and behaviours required their own separate living space with staff supporting them. Others were more able to use the communal areas and had some interaction with other people in the home. The layout of the home had been well organised to accommodate people's individual needs, whilst also managing to create a homely and safe environment. For example, we saw one person being supported in their self-contained flat. They had access to all the facilities needed as well as their own enclosed garden area. We were told the specialist learning disability services had undertaken a whole home focussed piece of work in relation to the environment. Professionals involved in this piece of work said their observations had been very positive. They said the provider had worked hard to help ensure people who needed their own space had separate accommodation, whilst also ensuring enough communal space was available for those who wanted to spend time with others. They said "The service was very good at responding to people's needs and has managed successfully to provide a personalised service within a residential setting".



Our findings

People were not able to tell us verbally if they felt well cared for at Riverview. We observed the care being provided and spoke to relatives and staff to help us gather information about people's experiences of the service. Relatives and people who were involved with the service were consistently positive about the caring attitude of staff and the impact this had made on people.

Staff spoke in a way that demonstrated they viewed Riverview as each person's home. They told us they were there to develop people's independence and to enable people to live their lives to the full. The PIR stated that Riverview's culture was carefully cultivated with all staff ensuring they were aware that it is a workplace but also the resident's home, and should be treated as such. Staff said they encouraged people to participate in all aspects of daily living, supporting them to maintain relationships with family and encouraging and celebrating their achievements and progress. We saw these values and visions were understood by staff and reflected in their practice.

Other agencies we spoke with said they felt the staff and management really cared about people's progress and embraced any ideas and feedback given to them. They said staff were very proactive and creative in ensuring people were able to do what was important to them and had made changes to people's support arrangements when needed or suggested. For example, one person had always enjoyed spending time with their relative when they were cooking in the kitchen. Even though this person was not able to communicate this memory from the past the staff had recognised its importance and had built in a regular activity for this person to spend time in the kitchen with staff so they could gain similar memories and sensory experiences.

We asked relatives about their experiences of the home and if they felt Riverview was a caring service. All the relatives without exception spoke very highly of the staff team and management. Comments included, "It is out of this world, a dream" and "We really can't speak highly enough of the team without exception". We met some relatives at the time of the inspection and they said they felt the staff were very caring. They provided us with some examples of care that they felt had impacted positively on their relative and their family as a whole. One family told us about their relative's move from a different service to Riverview and about the progress they had made. They said they had been worried about the move as their relative was likely to become very distressed and confused. The relative said, "They did everything they said they would do to make the move as smooth as possible, they listened to us, and were clear about what they could offer". They said the move went really well and the progress and change in their relative had been amazing, "They used to be in a sparse room, now they have personal belongings, they never went out, now they go into town to the local coffee shop and people know them", and "The change has been dramatic, [...] eyes used to look sad, now they are smiling and bright, it is wonderful". Another relative said they had been worried when their

relative moved, they said. "They really cared about making sure the placement worked, and it has done".

Staff were calm, relaxed and confident in their role. Staff were able to communicate effectively with every person no matter how complex their needs. Some people had rituals that they performed that caused no harm and helped them keep control of their well-being. For example, one person liked to walk quickly around the communal parts of the home, going in and out of rooms in a particular order. We saw them going in and out of the kitchen, laundry and conservatory numerous times. The staff supporting them allowed them this space and freedom, whilst ensuring they remained safe at all times.

The whole service including the environment and attitude of staff had been set up to enable people to lead a good and fulfilled lifestyle. Much consideration had been given to ensuring people who needed or wanted their own living space had this need met. People who wanted and were able to spend time with others were able to do so. We met some people in their separate living accommodation and saw people were happy and relaxed within their surroundings and with the people supporting them. We also met three people in the communal parts of the home including the lounge area and kitchen. Although these people had their own staff supporting them and were engaged in different activities their smiles and body language suggested they felt safe and comfortable in each other's company. Staff were very aware of the whereabouts of everyone in the home, and used their skills and knowledge to ensure people were comfortable and content at all times.

We saw families arrive for a visit during the inspection. Relatives and staff greeted each other with hugs and smiles. Staff made people feel welcome offering tea and biscuits and making sure everyone was comfortable and happy. Staff supported people, whilst also ensuring they had space and privacy during visits. We saw one staff member sit with a person while they waited patiently for their visitors to arrive. The person wanted regular reassurance that their relatives would soon arrive and the staff member didn't fail to respond to these requests showing equal enthusiasm and excitement about their arrival. These interactions clearly delighted the person concerned and demonstrated that staff valued and recognised the importance of these family visits. Relatives said that the staff had empowered them and made them continue to feel valued. One relative said, "Most of the staff are only the same age as the people they are supporting, but they are so forward thinking, they phoned and talked to us about how we can still be involved in activities, such as helping with [...] garden and supporting them with their finances".

Staff were highly motivated and inspired to offer kind and compassionate care and support. All the staff said they enjoyed their work and loved seeing people progress. One staff member was keen for us to meet a person who they said had made amazing progress. We met the person in their self-contained flat and saw they were happy being supported by staff to prepare their lunch and to access their garden area. The staff member told us about how the person had made huge progress and how their health and well-being had dramatically improved due to the consistent, person-centred care being provided. We saw how staff spoke with real compassion and respect for the person concerned and shared with us enthusiastically their progress and achievements.

Staff respected people's rights to make choices, and used innovative and creative methods to involve people in their care. People's support plans contained detailed information about people's daily routines and these were understood and followed by the whole staff team. Staff had a good understanding about people's likes and dislikes as well as important information about their past, interests and relationships. Staff were familiar with people's communication methods and used this knowledge and understanding to support people to make choices and have control over their lifestyle. For example, one person had a limited concept of time, and would become frustrated if they didn't know when they would be having a drink or their next meal. A personalised communication aid had been developed to support this person to

understand what was happening throughout the day and a timer given to them to let them know when it was mealtime. We saw this worked well and prompted the person to go independently to the kitchen to prepare their drink or snack. This demonstrated the service considered ways of helping ensure people maintained their skills and independence, whilst also having some control over their care and lifestyle.

Your Voice meetings were held monthly with people to help ensure they were involved in issues about the home and their care. One staff member had responsibility for these meetings and was able to show us the process, which helped ensure every person was fully involved in the meeting discussions. Each person had a page in a 'Your Voice' file with information translated into a format they could understand, such as familiar photos and symbols. Keyworker spent time with each person before and after meetings to ensure their views were noted and acted on. We saw minutes from a recent meeting, which included easy read information and photos of events that had happened in the home. For example, the report had photos of new staff members and pictures of recent changes to the environment, such as the new BBQ and recent building work. There were also photographs of the builders so people would recognise them when they were working in the home. People had also been supported to draw up a contract for the builders to help ensure people were comfortable with them being in their home. The contract had stated how people would want the builders to behave when they were working, their times of work and which parts of the home they would want them to access. Pictures and symbols had been used to help people understand recent visits by hospice staff who had been supporting a person with end of life care. This demonstrated that the service involved people in their care and respected Riverview as their home.

People had access to advocacy support when required. Each person had a key-worker in the home, who had a particular responsibility to ensure they were listened to and had their needs met. Relatives were invited to review meetings and their views were listened to and considered when planning care. The PIR stated that people had access to external advocacy services when required, and one person was being supported by an advocate at the time of the inspection.

People's privacy was respected. Staff said although people needed staff with them at all times they did consider their need for privacy and personal space. For example, staff said when supporting people with personal care they would when possible sit outside the bathroom, even if for a short time, allowing the person privacy, whilst ensuring they remained safe. We were told one person pulled down their curtains on a regular basis. Integral blinds had been fitted in the person's windows and door to help ensure their privacy and dignity was maintained.

Although people in the service were young adults, consideration had been given to end of life care including people's and relatives personal wishes at this time. Any particular wishes and requests by the person or their family had been discussed and documented as part of the individual's support plan. The registered manager told us they had supported a person with end of life care during the previous 12 months and said staff had worked tirelessly to ensure the person and their family received the dignified and compassionate level of care they deserved. Extracts from thank-you cards sent to the staff included, 'Thank-you for the love, care and unending support, you made [...] comfortable, visited on your days off. You are a fantastic, caring and selfless group of people'. We also read feedback sent to the home by the local Hospice which included, 'Very impressed by the care and compassion shown by the team'. Staff had supported the person to understand their diagnosis by putting together an easy read communication aid. Specialist equipment had been purchased to help ensure the person concerned had their needs met, were comfortable and able to remain living at Riverview. The registered manager said staff worked hard to ensure the person's daily routines and things that mattered to them continued, such as ensuring the person was shaved and wore the clothing they preferred. Communication aids were developed for each person in the home to help them understand what was happening and to assist staff to support them emotionally. All the staff spoke with

compassion about this person and their fond memories demonstrated the person had been and would continue to be a valued and much loved member of the home.



Our findings

People were supported to lead active, meaningful and interesting lives. Relatives and other agencies said they felt the service was very responsive to the individual needs of people they supported. They said they felt the service had a very personalised approach to care, which resulted in people having an enhanced quality of life and making good progress in relation to their skills and lifestyle. Comments from relatives included, "The staff are very forward thinking and creative, they get people to do things we could never have imagined possible".

Other agencies were also very positive about the service, and said the registered manager and staff were proactive and worked in partnership with them to respond effectively to people's specific needs. They said staff spent time really getting to know people and had very good knowledge and training in relation to people's diverse needs and particular conditions. They said the service was very good at responding to people's needs and managed successfully to provide a personalised service within a residential setting.

The registered manager said the service strived to be known as outstanding and innovative in providing person centred care based on best practice. On the second day of the inspection the registered manager provided us with some written examples and evidence of people who had made significant progress and as a result had an enhanced level of health and well-being.

For example, one person had moved into the home from a long stay hospital. The person's behaviour, which had included significant self-harm had previously been managed by the high use of medicines. The staff and management at Riverview had a meeting to look at the person's behaviours and particular obsessional thoughts around certain clothing. With the support of the organisation's behavioural advisor a plan was developed, which had a positive and less restrictive approach to managing the person's behaviours. The staff purchased several items of the clothing the person had previously been denied access to and allowed them to wear the clothing when they wanted. The person's behaviour was monitored and analysed over a period of time, which saw a significant reduction in the person's anxiety. The number of incidents had reduced significantly over a twelve month period and the use of medicines to manage behaviours had no longer been required.

Another person had moved into the service requiring five staff at all times to meet their needs and to keep them safe. Staff had been told the person would not be able to understand tasks for themselves and that all personal belongings needed locking away for their safety. We saw this person had a positive behaviour management plan, which included them having access to self-contained accommodation where they could

move around freely, whilst being supported by staff. We met this person in their flat and saw they had access to their own kitchen and garden area and the one staff member supporting them was able to check they were safe, whilst also giving them space and independence. The staff said this personalised, consistent and less restrictive approach had a very positive outcome for the person concerned. We saw them helping themselves to their own food in their own kitchen and going in and out of their garden area happily as staff supervised from a distance. Staff were really positive about this person's progress and were particularly pleased about the positive impact these changes had on relatives. Comments included, "They have seen such a big difference, they are able to come and have a meal together, which they said they have never been able to do before", and "Initially [...] was waiting and expecting to be restrained, staff now give them space, their environment and the way they are cared for has allowed them to feel safe, the use of physical restraint has not been needed".

Another person also chose not to access the communal parts of the house as doing so could result in them becoming distressed. Although this person needed a high level of staff supervision they also liked to have their own space and the company of different staff members. The service had responded to this need by providing the individual with a self-contained flat with access to all facilities needed. Staffing had been organised so that there were regular changes, and a monitor put in place so the person could have privacy, whilst also alerting staff if they were needed.

These examples evidenced the service was very responsive to people's needs. Support arrangements were personalised and consistent, which had resulted in positive outcomes and improved well-being for the people concerned.

Some people had experienced breakdowns in their previous placements and had challenged traditional services resulting in them being very restricted in their lives and lifestyle. The support they received at Riverview was tailored to their individual needs and staff had worked very hard getting to know people and helping them lead full and meaningful lives. At the time of the inspection the staff were in the process of supporting a person who was due to move in. A thorough admissions process had been completed and the service had taken time to be sure that they could meet the person's needs. The pre-admission assessment had established the person had very specific needs in relation to their environment and the way they were supported. A plan had been put in place to create a bespoke, self-contained flat for the person and staff had spent time with them at the place they were living to get to know them and to start putting together a plan of care. We looked at the flat where the person would be living. The bathroom had been designed to include a bath instead of a shower as this was what the person preferred and a large flat screen television had been purchased as they particularly enjoyed spending time watching television. The plan also included consistency of staffing as part of the transition. Staff visiting the person in their previous placement would be supporting them when they arrived at Riverview. This would help ensure familiarity and reduce the person's anxiety. The registered manager said the relatives had visited to oversee the planning and had been very pleased with what they had seen. Other agencies we spoke with said they were very impressed with the level of detail the service had put into the transition plan for this person and the dedication of the staff to ensure they provided a personalised service, which would meet this person's needs.

People's support plans included very clear and detailed information about people's health and social care needs. Each area of the plan described the person's skills, preferences and the support needed by staff or other agencies. The plans were personalised and had been written from the viewpoint of the person concerned. For example, one plan described in detail the support a person needed in the bathroom. The plan described the environment needed by the person, as well as the need for staff to avoid the use of highly fragranced smells, which could stimulate rather than relax the person concerned. All of the staff we spoke with were able to tell us in detail about the people they supported. We were told that due to people's autism

and communication difficulties consistency of care was crucial. Staff said, "Without consistency people will become confused and anxious, which may result in the escalation of behaviours".

There was a system of review to make sure all the progress and developments were captured and the care plan constantly updated to make sure it was a useful working document. Each person had a designated key-worker who had responsibility for reviewing people's support plans and checking information was correct and up to date. The behaviour support advisor for the organisation also regularly reviewed people's support plans to help ensure the arrangements in place to support and manage people's needs in relation to their behaviour were appropriate and understood by staff. For example, a recent review had identified a number of changes in a person's behaviour in relation to food. This had led to discussions with the staff team about ways of supporting the person to have access to food safely and in a way that reduced anxiety. Practice workshops had been held with the staff team to review the progress in relation to these changes and to consider any staff training needs. Staff said these guidelines had a positive impact on the person concerned and had significantly reduced their anxiety.

We saw an example of a recent review which had taken place in the service. We saw relatives and other agencies had been involved in this process and all areas of the person's support plan had been discussed with an action plan produced to address any issues raised. Where possible people had been involved in planning and reviewing their care arrangements. A range of personalised communication aids and methods were used to help people understand and be involved in discussions about their care. For example, one person had a folder in their room with photographs of the home, staff and other matters which were important to them. The person's key-worker used this to help the person understand about their review and to add any information or views the person may have had.

The service was flexible and responsive to people's needs and people were supported to lead a full and active lifestyle. Feedback from relatives and other agencies about people's lifestyle and opportunities were very positive. Comments included, "I just can't believe how much [...] is doing, they never went out, and now they go out every day and people in the community know them". Professionals we spoke with said they had suggested a plan to increase a person's participation in selected meaningful activities. They said feedback at a recent review was extremely positive and staff reported how they had implemented the plan as agreed and the individual had been supported to make increased choices about their activities.

All people living at the service needed support from staff to plan their day and occupy their time. Each person had a documented plan for the day, which was used to help ensure staffing levels and arrangements such as vehicles were organised and in place. Staff said this was very important to help ensure they could respond immediately to people's specific requests. For example, one person liked to go out every day and would become agitated if they were not able to, or if they had to wait. The planning of activities meant this did not happen and the person's requests could be met at any time. Five vehicles were available, which staff said further ensured people could go out individually and when they wanted.

People were able to occupy their time in the home and the community. There was a communal garden and some people had access to their own enclosed garden area. One person who liked to spend time in the garden had a trampoline provided, which staff said they really enjoyed. We saw people being supported to enjoy their favourite music, television programmes and computer games. Some people were spending time with staff preparing for Halloween celebrations and others went out to local shops and cafes as part of their normal daily routine.

The service was inclusive and supported people to become valued members of the community. We saw people used local facilities such as sports centres, eating places and shops. We were told about one person

who at a previous placement had very few opportunities to go out. During their time at Riverview they had gradually started to enjoy daily trips to the local town for shopping and drinks in the local café. These trips had started slowly, with staff letting the person take the lead and observing what they enjoyed and where particular support was needed. The staff said the local shop keepers had started to get to know them and would wave and smile as they went by. They said this really pleased the person concerned and had become a very important part of their daily routine. Relatives said, "We can't believe it, we are amazed, they go every day, they go to the local coffee shop and people know them".

Activities were reviewed regularly to ensure they remained appropriate and met the person's needs. One person had pictures of the different activities they had enjoyed and these were used along with other communication aids to help the person organise their activities as well as consider new opportunities.

We saw lots of information was available to people about the service in a format they could understand. One person had a file in their room with information about meetings they had attended about the service. This information had been translated into a format the person could understand. Staff said they enjoyed looking at this information and it was important to be available to them.

A complaints policy and procedure was available and outlined clearly the action the service would take in response to complaints and the timescale for investigating them. We saw concerns and complaints had been documented and records included the action taken and feedback provided to the person or people concerned. For example we looked at the response in relation to concerns raised by a neighbour. The registered manager had listened to the person's concerns and dealt with the matter promptly and professionally to ensure a positive outcome for all concerned.

Staff were very aware that people in the service would not be able to understand and access the written complaints procedure. A range of different communication methods had been used to help people understand this information including an easy read document. A number of different systems were used to monitor daily how people were doing and to help establish if people were unhappy or had concerns. These included daily monitoring forms, handover meetings and the keyworker systems. The views of others such as relatives and other agencies were also listened to and acted on as a way of further ensuring people remained happy and confident with the service being provided.



Our findings

Personalised care was central to the home's philosophy and staff demonstrated they understood this by talking to us about how they met people's care and support needs. Staff spoke with compassion and commitment and used words like "Individual", "Independence" and "rights" when they talked about people they supported. The drive of the service was to increase people's experiences and enjoyment of life and find ways to help people overcome obstacles that had previously restricted their freedom to do this. We saw and heard a number of examples of people who had previously had their lives and opportunities significantly restricted. Some people had also experienced a number of previous placements, which had broken down resulting in regular moves often away from family and friends. The support provided at Riverview had been tailored to people's specific needs resulting in an enhanced quality of life and a more settled home environment.

People were given opportunities to live fulfilled and meaningful lives regardless of their complex needs. Staff worked really hard to enable people to communicate what they wanted and to reduce the need for behaviours that limited their opportunities. A relative commented, "I can't believe the difference, [...] never went out, they are now out every day, people know them and they are part of the community, it is truly wonderful, amazing".

There was a very positive culture within the service. The management team provided strong leadership and led by example. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared by the whole staff team. Staff had clearly adopted the same ethos and eagerness and this showed in the way they cared for people. The PIR stated, 'Management maintains a good understanding of Riverview's culture as management believe it is the senior team that set the tone for a service, but the team that deliver it; this is done through staff interaction, observation of practice, and clear expectations and feedback'. Relatives and professionals without exception spoke very highly of the management and staff team. Comments included, "The registered manager is excellent, he has a good team and gets the best out of them" and "The manager is open, responsive and receptive to suggestions. The staff team are always competent, warm and compassionate".

Staff said they felt valued because the registered manager and deputy involved them in all aspects of the service. They told us what they said mattered, they were listened to and encouraged to suggest new ideas. Each staff member had designated responsibilities and were able to clearly tell us about their role and purpose. Comments by staff included, "We can speak to the managers about anything", and "It is a very friendly, open and professional environment to work in, we strive to improve all the time". Staff were keen to

tell us about people's progress and achievements and said they saw this as the main purpose of their job. The organisation recognised the contributions of staff and celebrated their achievements. Employees were able to nominate a staff member or team for a 'Make a difference Award', which was presented at an annual awards ceremony, specifically for employees within the organisation. Staff members working at Riverview had been nominated for an award.

The registered manager told us they had worked their way through the care industry, working initially as a carer and then moving into a number of different management levels before becoming a registered manager. They said this progress had helped them understand the role of all the staff team and enabled them to support staff and lead effectively.

The registered manager was also registered to manage another similar service situated nearby and had a deputy manager and two seniors in post at Riverview to support this role. There were clear lines of accountability and responsibility within the management structure and tasks were delegated to help ensure the smooth and efficient running of the service. All of the staff we spoke with were clear about their role in the home and were competent and confident when talking about the service and people they supported.

The registered manager maintained their own professional development by attending regular training and kept updated with best practice. They undertook training in positive behaviour management and physical intervention and delivered this training to the staff team. They said, "I deliver the training so that I can really set the scene of how to support people with autism and challenging behaviour". They told us this direct training with staff was important to help ensure all staff had the skills to safely support people with autism as well as ensuring an understanding of positive behaviour management, which focussed on the individual, re-direction and their environment, with physical restraint used only as a last resort. The registered manager met with every new member of staff to ensure they had a clear understanding of working with people with autism and understood the meaning and purpose of positive behaviour management. They said this training and shared understanding within the management and staff team had resulted in a significant reduction in the use of physical restraint.

The registered manager told us about a wide range of literature they had read in relation to the needs of people living with Autism, as well as literature and research relating to management and leadership. They had attended a number of meetings with local providers and recruitment events promoting social care as a whole, and had covered as regional manager when required. The registered manager was passionate about developing the skills of the staff team, and demonstrated a commitment to people and their relatives about what the service had said they would deliver. A relative said, "Everything they told us they would do, they have done, we have not experienced this in other services". Part of their registered managers role had also been to share best practice with other services within the organisation, which they said they did on a regular basis. The registered manager was registered to attend a leading manager's course, which was part of the organisation's training academy. They said this course had been designed to provide managers with additional skills to enable them to understand their role and how they could continue to grow and further improve the service.

Community involvement and joint agency working was encouraged and promoted by management and the staff team. Professionals we spoke with were very positive and said the management and staff team listened and embraced ideas. For example, they said changes had been made to the environment when needed, which had resulted in people having an improved quality of life and enhanced well-being. Consideration had also been given to re-creating important events and stimulating memories for people about things that mattered to them. One person had been supported to partake in an activity they had once enjoyed with a relative. The staff had spent time with the individual re-creating the activity and used sensory experiences

such as smell and touch to invoke memories of their past. We were told this had a very calming and positive affect on the person concerned.

Much consideration had been given to helping ensure people's views were listened to and acted on. Each person had a keyworker who had responsibility for getting to know the person and to ensure the best methods were used for gathering feedback from them. Personalised communication methods were used to provide people with important information and to gather feedback from them. People were supported by their families and could access advocacy services to assist them when required.

The experiences and role of friends and family were listened to and valued. In addition to frequent contact through visits and telephone calls an annual questionnaire was sent to relatives to gather feedback on their experience of the service. This information was analysed by an external company and comments sent back to the registered manager to review and action.

Staff also had the opportunity to complete annual feedback forms and an action plan completed based on the feedback. The most recent survey highlighted that staff wanted more direct feedback from the registered manager. The registered manager said they had looked at this issue and agreed that in addition to staff being supervised by other members of the management team he would undertake all annual appraisals, and attend all staff meetings to ensure staff were clear about the vision for the service.

Information was used to aid learning and drive improvement across the service. Records were completed, to monitor people's development and progress, so that staff could see what worked well and what needed to be improved. Incidents of behaviour that had restricted people or upset them were recorded into a graph so it was easy to see where incidents had increased or decreased and what may have been the causes. Incident forms had been completed in good detail and included a form for staff to consider any learning or practice issues. Accident and incident forms were analysed by the registered manager and at the organisation's head office to look for any trends developing and to consider where preventative action was needed. The behavioural advisor for the organisation also had an overview of incidents in the home, so that they could amend and update guidelines if required.

The registered manager continued to explore ways of developing and improving the service. An annual 'Benchmark Inspection' was undertaken based on the CQC inspection process, and an action plan put in place to address any concerns or issues found. A recent report stated that consideration had been given to ensuring people had access to the laundry area to develop their skills, whilst also ensuring all the environment was kept organised and continued to meet health and safety and infection control standards. The registered manager had a plan in place to meet with staff to discuss the organisation's plan for 2017, and to consider what had gone well during 2016 and areas that still required improvement.

Staff were encouraged and supported to reflect on their practice and to be clear about their role and responsibilities. This awareness and understanding was reflected in the high standard of records produced in the service. Support plans provided excellent detail about people's need and how they needed and preferred to be supported and daily records produced by staff demonstrated a genuine understanding of their role and purpose. All the records in the home were found to be well-organised and up to date. Support plans were organised in a way that provided staff with clear and accessible information about people's needs and how they should be supported. Records relating to the home were also well-organised and up to date, which helped ensure the smooth and efficient running of the service.

Staff meetings were held to provide an opportunity for open communication. Staff said they were Daily handover meetings helped ensure staff had accurate and up to date information about people's needs and

other important information. Staff said they were able to fully participate in these meetings and have their say, which they appreciated.

The service had an up to date whistleblowing policy, which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt safe to raise any concerns and felt confident the management would act on their concerns appropriately.

The provider promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

There was an effective quality assurance system in place to drive continuous improvement across the service. The registered manager and deputy manager measured the quality of the service from the perspective of people they supported. They gathered the information from outcomes of keyworker meetings, reviews and daily records and analysed this against people's support plans and specific goals.

Out of hours spot checks were undertaken by the registered manager as well as monthly compliance inspections completed by the regional manager. A recent inspection focussed on the building work being undertaken for a new person moving into the service. The inspection summarised the work being completed and ensured it was fit for purpose and met regulations and expectations of the service.

Regular medicines, health and safety and infection control audits had been undertaken. The registered manager undertook a quarterly quality and safety report, which was specific to health and safety. We looked at the most recent report, which had reviewed safeguarding, serious incidents, staffing levels and recruitment. The reports and action plans demonstrated the service had a robust process for auditing the quality of the service and acted promptly on any issues or areas of improvement needed. For example, one report highlighted an increase in incidents in the communal dining area. Following analysis of the incidents changes were made to where people ate their meals and the use of this room. As a result of the change the number of incidents had significantly reduced and mealtimes had become an improved experience for people in the home.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of any significant incidents and had shared their response and plans for improvement to reduce the likelihood of similar incidents happening again.