

Modus Care (Plymouth) Limited

Kazdin

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

About the service

Kazdin is a residential care home providing personal care and accommodation for a maximum of three people with a learning disability and/or autism. At the time of the inspection three people were living at the service. Two people were supported in their own self-contained flat/annexe and one person had a bedroom and en-suite facility in the main part of the house.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in the settings that provide care for people who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and the potential drivers for improvement.

As part of the thematic review, we carried out a survey with the acting manager at the inspection. They considered whether the service used any restrictive intervention practices (restraint, seclusion, and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

People's experience of using this service and what we found

People using the service benefitted from kind, caring and committed staff who kept them safe and promoted their independence whenever possible.

People were placed at the heart of the service and staff worked hard to achieve the best outcomes for people. Care was personalised and took into account people's preferences and choice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's care was delivered safely. Staff were consistent, employed in sufficient numbers and had the skills and training to care for people safely.

People's risks were understood and managed well. People's rights and independence were respected and promoted. Management and staff understood their role and responsibilities with regard to the Mental Capacity Act (2005). People's consent was sought before care was provided. When people were unable to consent and make decisions for themselves appropriate processes were followed. People were protected from discrimination and abuse because staff understood how to safeguard them.

People lived in a home that was well-maintained, comfortable and designed to meet their needs. Much consideration had been given to making sure people had opportunities to occupy their time in a meaningful way. Staff recognised the importance of family and friends and helped people maintain these important contacts.

Management and staff had developed good relationships with health and social care professionals and liaised with these services to help ensure people's full range of care needs were met.

Governance systems ensured improvements were highlighted so action could be taken promptly. Incident and accident reports were reviewed to ensure any themes and trends were identified and acted on.

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

Rating at last inspection

The last rating for the service was Good (published 24 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Kazdin

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector undertook this inspection.

Service and service type

Kazdin is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and were both looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was absent for a period of planned leave. The Commission had been notified of their absence and an acting manager had been appointed to oversee the day to day running of the service. The acting manager was present throughout the inspection.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commissioned services for people. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We met all three of the people who lived at the service and observed their daily routines and support. We

spoke with the regional director, the acting manager and seven care staff.

We also spoke with a behavioural advisor employed by the organisation who was visiting the service.

We reviewed a range of records. This included three people's care records, medicines administration charts and incident reports. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including, training records, staff meeting minutes and quality audits were also reviewed.

After the inspection

Following the inspection, we spoke with a professional from the adult social care team, an advocate and one relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to protect people from the risk of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with. Quick reference information was available for staff to access safeguarding procedures and important contacts.
- Staff had received training in protecting people from harassment, discrimination and harm, and this was regularly updated.
- People were comfortable and relaxed with staff supporting them. People sought out staff when they were distressed, unsure and when they needed reassurance.

Assessing risk, safety monitoring and management

- People's risks were assessed and safely managed. People were supported to stay safe, whilst not having their independence restricted. For example, one person had a list of safe places they could go when accessing the community on their own.
- Risks relating to people's behaviour, communication, health and lifestyle were documented and understood by staff. Professionals, family and advocates were involved in discussions about managing risk.
- People's support plans contained clear protocols and staff guidance to help protect people at home and in the community.
- People who experienced behaviours that could challenge had detailed positive behaviour support plans and risk assessments to ensure they were supported in line with best practice. The provider had a specialist behaviour support team who supported the service to help ensure people's behaviour was understood and managed appropriately.
- Staff had received accredited training in restraint and were able to tell us how they safely supported people. We saw staff followed guidelines and acted promptly and sensitively when people's behaviour escalated.
- All incidents of challenging behaviour and action taken were documented by staff and analysed to consider any themes and trends and to ensure any action was appropriate, safe and least restrictive. Other agencies told us they were kept well informed of incidents and praised staff for their skills in relation to the understanding and management of people's behaviours.

Staffing and recruitment

- Staffing levels had been planned and organised in a way that met people's needs and kept them safe.
- Some people required a high staffing ratio to meet their needs. We saw these required staffing levels were in place. For example, one person needed three staff to support a visit to relatives. Staffing levels had been organised to help ensure the person was safe and the trip was enjoyed by everyone concerned.
- The management team worked hard to provide people with a consistent staff team and several of the staff

had worked in the home for many years.

- Staffing levels were regularly reviewed. The acting manager said, "in addition to planning the rota in advance I check every day to ensure we have the right staff, in the right place at the right time to keep people safe".
- A robust and detailed recruitment process was followed to ensure staff employed were suitable to work in the service. Background checks were completed before new staff started working to check they were safe to work with people and of good character.

Using medicines safely

- Medicines were stored, recorded and administered safely. Medicines Administration Records (MARS) were completed in line with best practice.
- Storage temperatures were monitored to make sure medicines remained safe and effective.
- There were PRN protocols (as required medicines) in place. This information provided staff with instructions about why, how and when these medicines needed to be administered. We saw staff understood these protocols and followed the guidelines.
- People's care plans described how they needed and preferred their medicines to be given. Staff asked for people's consent before administering medicines and had clear guidelines if people refused.
- People had regular reviews of their medicines and advice was sought from GP's and other healthcare professionals when needed.
- Staff were trained in the safe management of medicines and regularly had their competency checked.

Preventing and controlling infection

- The home was clean and hygienic throughout.
- Personal protective equipment, such as aprons and gloves were available when supporting people with personal care tasks. Staff had undertaken training in infection control and food hygiene.

Learning lessons when things go wrong

- Any accidents and incidents were documented and escalated to senior management. The services electronic recording system allowed the management team to analyse incidents and identify any trends or patterns so preventative action could be taken to prevent re-occurrence.
- Lessons had been learnt following a difficult experience for one person requiring an out of hours healthcare appointment. Following the incident, a protocol had been put in place to support the person safely should out of hours treatment be required.
- Meetings were held regularly with people's core staff team. These meetings allowed staff time to discuss practice, reflect on what was going well and what could be improved.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service, to help ensure their expectations and needs could be met.
- Other agencies said the staff and management team had been very supportive when a person needed an emergency placement. They said the manager and staff had liaised closely with all agencies involved to help ensure a smooth and safe transition for the person concerned.
- People's care was planned and delivered in line with their individual assessments, which were reviewed regularly or when needs changed.
- People's care plans were designed to reflect best practice principles in the delivery of care. For example, NHS England, such as 'Stopping over medication of people with a learning disability, autism or both' (STOMP) was taken into account in the planning and delivery of care.
- Technology was used to improve people's experience and support independence. For example, one person used the computer to research and plan a holiday and another person had personal programmes on their computer to listen to sensory relaxation sounds and to access music.

Staff support: induction, training, skills and experience

- Before starting work at the service new staff completed an induction. Staff new to care were required to complete the Care Certificate during the induction period. The Care Certificate is an agreed set of 15 standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.
- Staff said the induction helped prepare them for their role and they shadowed more experienced staff before working unsupervised.
- Staff training covered areas identified by the provider as essential and included, safeguarding, learning disability and autism awareness, positive behaviour management, breakaway and equality and diversity training. Training was delivered in a range of formats including computerised and face-to-face. The providers behavioural support team delivered training to staff about each person's individual needs and were also available when required to provide support and advice.
- Staff said they felt well supported by their colleagues and management team. Staff meetings, supervision and de-briefs took place for staff to receive support, discuss their role and reflect on practice.
- The acting manager said consideration was being given to improving staff's opportunity for de-briefs following an incident or traumatic event.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a well-balanced diet.

- People had their own kitchen facilities in their flats or were able to access the communal kitchen in the main part of the home. People were encouraged to have as much involvement as possible in planning and choosing their meals each day.
- Staff knew people well and had a good understanding of their likes and dislikes. Communication aids were used to support people to make choices about their meals.
- People's specific dietary needs were understood and followed by staff. For example, one person due to their autism needed their meals presented to them in a certain way. A picture was available for staff in the main office to help ensure this person's food was prepared consistently and how they preferred.
- People's nutritional risk and weight was monitored. Referrals were made promptly to healthcare professionals if concerns in relation to their diet/weight were identified. One person had been supported to lose weight, which had been considered necessary for their longer-term health and fitness. Staff and the person's relative said the weight loss had had a positive impact on their general fitness and well-being.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Management and staff worked closely with other agencies to ensure people received effective care.
- When people moved between services (transitioned) the staff team worked with the person's previous or future care team to help ensure their support needs continued to be consistently and effectively met.
- People's care plans provided detailed information about their past and present health. Hospital passports were completed, which detailed important information about the person should they need an admission to hospital or other healthcare facility.
- Much thought had been given to ensuring people attended routine health checks and other essential healthcare appointments. For example, one person was known to become very distressed when accessing healthcare facilities. A protocol was in place detailing how this person needed to be supported and kept safe during an admission to hospital or other healthcare facility. The protocol also included ways of preventing an admission to hospital, whilst also ensuring the person received prompt and appropriate assessment and treatment.

Adapting service, design, decoration to meet people's needs

- The provider had worked hard to ensure the environment was comfortable, safe and met people's needs.
- Some people had their own self-contained flats and others had a bedroom and en-suite facility in the main part of the house. People's personal space had been designed to meet their individual needs. For example, one person had an area in their flat called the 'man cave'. Comfortable seating, a snooker table, personal pictures and a music system provided this person with a calm, comfortable and social space to relax.
- Consideration had been given to ensuring people's safety in the design and layout of the home. For example, one person's flat had plenty of sensory items and soft areas so they could be safe and supported to calm when their behaviours increased. They also had access to their own enclosed garden area, which provided them with a safe and attractive outdoor space.
- On-going maintenance took place as well consideration and planning for improvement. The acting manager told us plans were in place for a new communal kitchen, and consideration was being given to moving the laundry area to a more suitable location in the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The management team and staff had a good understanding of the principles of the MCA.
- People were not always able to give verbal consent, however, staff told us how they would verbally ask people for consent and what they would do if people refused care, such as their medicines.
- People were supported to make choices about their care, daily routines and lifestyle. Communication aids were used to help people make choices and to understand what was going on around them. One person had a detailed communication dictionary, which staff used to understand how they communicated, and another person used a white board to interact and communicate with their staff team.
- Best interest meetings were held, and the outcome recorded when people had been assessed as not having the capacity to make decisions for themselves. People had advocates to support them with decisions relating to their care and feedback from advocacy services was very positive about the care provided to people.
- When people had restrictions in place to keep them safe correct procedures had been followed. Any restrictions had been regularly reviewed.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were provided with sensitive and compassionate support by a kind, committed and caring staff team. Other agencies and staff were positive about the care provided. The provider had received feedback from a relative, which stated, "Thank you, [person's name] looks so great. They are the person we once had, happy, energetic and funny. Wow, it's just so wonderful, you should all be so pleased and proud of yourselves."
- Staff spoke about people and behaved in a way that demonstrated they really cared. For example, staff referred to people's behaviours in a positive way and were passionate about reducing people's behaviours and improving their opportunities and lifestyle. A staff member said, "It must be so awful for them, we just want to do what we can to help them feel safe and relaxed".
- Staff were very aware of events that might cause people anxiety and were able to plan or intercept these events to ensure minimal disruption. For example, one person was known to become very distressed when there were severe weather conditions such as a storm. An agreement was in place with the local power supplier to ensure any loss of power was dealt with as a matter of priority.
- Staff understood the importance of people's family and supported arrangements for visits. One person's birth place was particularly important to them and the staff ensured they were regularly able to visit and enjoy their home county sporting events.
- Staff cared about people's progress and praised people for their achievements. For example, one person had worked hard to develop their life skills and to understand safety issues regarding their environment. We heard the staff telling the person how well they were doing, which was welcomed with smiles and friendly conversation.
- Staff had undertaken training on equality and diversity. All staff said they would welcome and support everyone equally regardless of their needs or differences.

Supporting people to express their views and be involved in making decisions about their care

- The Provider's Information Return (PIR) stated, "Individuals are listened to by the team through key-worker sessions, family input and day- to -day requests to ensure they fulfil their aspirations and have a quality of life that is centred around their wishes and desires."
- Where possible people were involved in decisions about their care. For example, one person had chosen their staff team. The acting manager said, "It is important they are with who they want to be with, staff completed social stories with them to help them choose, they also chose their own care and planned a holiday."
- Communication aids were used to help people express their views and make day to day choices about

their care and lifestyle.

- External professionals such as psychologists and advocates spent time with people as required to help them make choices and express their views and feelings.
- Staff had built positive relationships with people's families and worked closely with them to consider their views and experiences.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff were mindful of people's privacy and dignity and gave them space when it was appropriate and safe to do so.
- If staff were entering people's flats or bedrooms they knocked before entering their room. We saw staff providing people with clothing to cover themselves when choosing to be undressed and knocking to check people were ok when they had chosen to stay in bed. People were provided with visual reminders about being dressed appropriately in the communal parts of the home to protect the dignity and rights of all people living in the service.
- An external professional said, "The staff always make sure the person's privacy and dignity is respected when I visit, they always go in first to check [person's name] is ok and appropriately dressed."
- People's religious needs were asked about as part of their assessment and staff respected people's beliefs. People's sexual needs were known and discussed as part of their care.
- People were supported to maintain their independence as far as they were able. One person had a plan in place to develop their daily living skills and was encouraged and supported by staff to plan meals, tidy their room and access the local community independently.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had comprehensive care plans in place which detailed how they needed and preferred their care and support needs to be met. This information had been developed as part of the initial assessment when people first moved in and as staff developed relationships and got to know people.
- People had a core care team of staff who met regularly to ensure people's care arrangements were appropriate, accurate and up to date. On the day of the inspection a core meeting was being held and discussions taking place about how staff could further improve the person's opportunities and experiences.
- Care plan reviews were held at regular intervals or when needs changed. Relatives and external agencies were also involved in this process.
- Independent mental capacity advocates (IMCA's) were sourced to support people when they did not have the mental capacity to be able to express their views or be involved in decisions about their care.
- The service was personalised and responsive to people's individual needs and wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most people living at Kazdin had limited verbal communication skills. Staff knew people well and were able to recognise and respond to their non-verbal cues about how they were feeling, such as body language, sounds, behaviours and general mood.
- Staff were skilled at adapting their communication style accordingly. For example, one person needed information and choices to be simple and clear, whereas another person enjoyed chatting with staff about their plans for the day and any support needed. Staff were able to adapt and communicate with both people in the way they needed.
- A range of communication aids were used to support people such as pictures, signs, symbols and electronic devices. Staff had used pictures and symbols to help one person understand and process their oral hygiene needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to occupy their time and to partake in meaningful and fulfilling activities. Activities and social opportunities were planned on an individualised basis with consideration given to staffing

arrangements and transport.

- People's care plans included information about what they enjoyed or disliked, and this information was used to help staff plan people's daily routines and activities. The way people occupied their time was regularly reviewed to help ensure opportunities remained appropriate, fulfilling and maintained their emotional health and well-being.
- The acting manager said this personalised approach to planning activities had resulted in good outcomes for people. For example, one person who had previously spent a lot of time not going out of the house had been supported to plan their own holiday. The acting manager said they believed consistent staff support had helped the person trust staff and as a result their opportunities and experiences had increased.
- If possible, people were encouraged and supported to access community facilities independently. We saw one person getting ready to go out for the afternoon. Staff spoke with them about appropriate clothing for the weather and planned to meet them for a cup of tea at the end of the day.
- Staff supported people to spend time with people who mattered to them. Staff spoke with one person's family every day to reassure them and keep them updated. Another person was supported to visit their home town regularly and to meet up with and spend time with relatives.
- People's bedrooms had plenty of personal belongings and items to help them occupy their time and relax when spending time at home. Some people were able to access the home's extensive gardens and others had their own personal outdoor space.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy, and this was displayed around the service in various formats.
- Management and staff had formed good relationships with people's relatives and checked regularly that they were happy with the care being provided.
- Staff asked people if they were happy as they supported them and used a range of methods to monitor and document how people were and if any concerns should be discussed. Core team meetings were held, which gave staff the opportunity to discuss any changes in people's mood or behaviour, which could indicate they were unhappy.

End of life care and support

- At the time of the inspection there was no one at the service receiving end of life care.
- Senior staff had undertaken end of life training and were able to support the staff team.
- Staff had supported people during a bereavement and to help them understand and manage their feelings following the loss of someone close to them.
- The acting manager was looking at ways to develop the admissions process to help ensure people's and relatives views and wishes in relation to end of life care was understood and documented.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

The PIR stated, "The ethos of Modus care is that all individuals accessing our services have the right to independence, choice, dignity, privacy and respect. Services must be safe and supportive reflecting principles of inclusion, equality and diversity. Kazdins mission statement reflects the ethos of the organisation and it places the person at the centre of all that we do. The open culture and approachable nature of the senior team allows whistle blowing and challenging of poor practice." We found these principles demonstrated in the practice we observed and in the outcomes for people living at Kazdin.

- There was a person-centred culture that kept people at the heart of the service.
- The culture and atmosphere of the service was warm, welcoming and inclusive. Staff were valued for their contribution and their ideas were listened to and respected.
- Staff spoke positively about people and showed a commitment to understanding and managing people's behaviours in a way that would enhance and improve their lifestyle and well-being.
- The acting manager had worked hard to maintain the running and culture of the service in the absence of the registered manager. All staff said the acting manager was supportive and as well as running the service would also support staff with care tasks when needed.
- Other agencies said the service had worked hard to support a person as part of an emergency placement. They said staff had had to learn on their feet and had done surprisingly well in reducing incidents and offering the person new opportunities.
- Relatives said the manager was approachable and kept them updated about any important information and significant events.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and management recognised when mistakes had been made. They listened to people, respected their views, and apologised when they had experienced care, which they believed was not appropriate or had not met their needs.
- The provider and acting manager were aware of their responsibility to inform the commission of significant events in line with statutory duties.
- The management team spoke openly and honestly throughout the inspection and were responsive to any discussions relating to practice.
- Other agencies said the acting manager was "Up front and honest" about incidents and how they had dealt

with them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place which people, relatives, staff and other agencies were aware of.
- The registered manager was away for a period of planned absence at the time of the inspection. An acting manager had been appointed and the provider had updated the Commission on management arrangements. The acting manager was very familiar with people and the running of the service and was being well supported by senior management.
- The management team had a comprehensive understanding of regulatory requirements and used national guidance to develop policies, procedures and processes.
- There was a robust governance framework, which helped identify where improvements were required. The provider's monitoring systems were in place at a local level, as well as at a regional and national level.
- The providers quality team carried out audits and practice inspections at the service, which were based on the commissions Key Lines of Enquiry (KLOE'S).

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's, relatives and other agencies views were sought. This helped ensure on-going improvement of the service.
- Regular core staff meetings took place to discuss people's care and to consider their views, wishes and aspirations.

Continuous learning and improving care

- Local, regional and national meetings took place within the organisation to help share good practice and to reflect and discuss where improvements could be made.
- As a result of learning from other services the provider was in the process of undertaking a report into the use of restraint, seclusion and segregation to ensure practices were in line with national guidance and best practice.
- The homes auditing processes linked to the Commissions Key Lines of Enquiry to show the level of quality and any improvements needed.
- Plans were in place for on-going improvement of the environment to ensure it continued to promote people's independence, meet their needs and keep them safe.