

Modus Care Limited

# Penhayes

## Inspection report

Penhayes  
Kenton  
Exeter  
Devon  
EX6 8JB

Tel: 01626899159  
Website: [www.moduscare.com](http://www.moduscare.com)

Date of inspection visit:  
09 August 2016  
10 August 2016  
24 August 2016

Date of publication:  
26 September 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 9 August 2016. We returned on 10 and 24 August 2016 to complete the inspection. This was Penhayes first inspection since registering as an adult social care service. Previously the service was registered as an independent mental health hospital for adults, some of whom required treatment or assessment under the Mental Health Act 1983. Under that registration an inspection was carried out in October 2015 and found incident records on the use of restraint and or seclusion practices were not clear. For example, the majority of incidents, recorded as seclusion and restraint, were not actually seclusion or restraint. This confused the overall figures when analysed because there appeared to be more incidents than there had been; there were issues with the maintenance of the premises; and most staff had not received supervision and appraisal. This inspection found that positive changes had been made to the service since its inspection as a hospital.

Penhayes is registered to provide care for up to five people who may have an Autistic Spectrum Disorder (ASD) and/or learning disability and complex needs. Some of the complex needs may include mental health issues.

There was 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.

People were safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. People were supported to maintain a balanced diet, which they enjoyed. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate. For example, when a person was feeling anxious.

There were effective staff recruitment and selection processes in place. Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development. The registered manager recognised the importance of investing in staff through additional training opportunities in order for them to feel empowered.

A number of effective methods were used to assess the quality and safety of the service people received and make continuous improvements.

## 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 safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised.

Risks to people were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were safely managed.

### Is the service effective?

Good ●

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well through regular contact with community health professionals.

People's rights were protected because the service followed the appropriate guidance.

People were supported to maintain a balanced diet, which they enjoyed.

### Is the service caring?

Good ●

The service was caring.

Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Families and health and social care professionals confirmed staff were caring and compassionate when working with people.

People were able to express their views and be actively involved in making decisions about their care, treatment and support.

### Is the service responsive?

Good ●

The service was responsive.

Care files were personalised to reflect people's personal preferences, which were met with staff support.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

### Is the service well-led?

Good ●

The service was well-led.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

The registered manager recognised the importance of investing in staff through additional training opportunities in order for them to feel empowered.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

A number of effective methods were used to assess the quality and safety of the service people received.

# Penhayes

## **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.

This unannounced inspection took place on 9 August 2016. We returned on 10 and 24 August 2016 to complete the inspection

The inspection was completed by one adult social care inspector over the three days and one adult social care manager on 9 August 2016.

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

At the time of this inspection there were four people living at the home. Most people were unable to tell us about their experiences directly due to communication difficulties but three were able to have limited conversations with us. Therefore we spent time observing how staff interacted with people. We spoke with eight members of staff, which included the registered manager. After our visit we spoke with three relatives.

We reviewed two people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from five professionals.

# Is the service safe?

## Our findings

People living at the home were not able to comment directly on whether they felt safe. We spent time in various areas of the home. These included people's individual flats and dining room. We spoke with staff to help us make a judgement about whether people were protected from abuse. Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. Relatives commented: "I feel (relative) is safe and well cared for" and "We saw (relative) a couple of days ago. He looked happy and relaxed."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. When care workers were asked what they would do if they noticed a bruise on someone's arm. They said they would check their injury log and check if other staff had also seen it. They would also administer first aid if required and make sure they were safe. They would make the senior managers and the person's family aware of the situation.

The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the provider's safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. For example, risk assessments for behaviour management, medicines and accessing the local community. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, people had positive behaviour support plans in place for staff to follow if an incident occurred. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities and display behaviour that others find challenging.

Professionals commented: "I have worked with Penhayes regarding two people they support. I have always found them to be professional, with good comprehensive support plans and risk assessments. Where risks have escalated in certain situations they have been keen to involve the wider multi-disciplinary team in sharing the risk and decision making"; "The management team appear very efficient and always brief me in detail with regard to risk before I visit clients, I find this very helpful. I am invited to multi-disciplinary meetings on a regular basis and I am given good access to see clients if it is appropriate" and "They (the staff) have managed some extremely complex individuals, including people who use behaviour to communicate, some of which can pose significant risks to themselves and the staff team. One of the residents who was discharged from hospital to Penhayes has made massive improvements due largely to their person centred approach, compassion and commitment."

Staff confirmed that people's needs were met promptly and they felt there were sufficient staff numbers. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities both within the home and local community.

During the daytime everyone received at least one to one support. In addition, staff levels increased dependent on what activities people had planned. During the day there were seven members of staff on duty, four of these to provide support for one person. There were also two additional members of staff at certain times of day so people could access the community. At night there were three waking night staff and one staff member slept in who could be called upon if required. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained that regular staff would fill in to cover the shortfall, so people's needs could be met by the staff members that understood them. They said as a last resort agency staff were used and generally the same staff would be deployed to work at Penhayes due to people's complex needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. The on-call arrangements were shared between members of the organisation's management team.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

People's medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicine. The home received people's medicines from a local pharmacy on a monthly basis. When the home received the medicines from the pharmacy they had been checked in and the amount of stock documented to ensure accuracy.

Medicines were kept safely in a locked medicine cupboard. The cupboard was kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. People were asked if they needed any medicines which were prescribed 'as needed' (known as PRN), such as pain relief. In addition, medicine protocols for staff to follow were in place. These ensured a consistent approach was being adopted by staff when considering if PRN medicines were needed. For example, to manage a person's anxiety. Medicines records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.

The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place. In addition, the organisation had plans in place to address environmental issues. The plans included a redecoration programme, a new kitchen, flooring and carpet. People were actively involved in choosing colour schemes and what furniture should be purchased.

# Is the service effective?

## Our findings

People did not comment directly on whether they thought staff were well trained. However, we observed people were happy with the staff who supported them. A relative commented: "The staff are competent and know what they are doing." Professionals stated, "I found the staff professional and reliable"; "When working with one individual who presented considerable challenges I was impressed with the empathy and caring support which they (staff) were still able to demonstrate in very difficult circumstances" and "High quality of well trained staff."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported with personal care. Staff confirmed people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. Health and social care professionals were involved in people's individual care on an on-going and timely basis. For example, GP's, psychiatrist and care managers. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. People also had hospital passports. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction enabled the organisation to assess staff competency and suitability to work for the service.

Care was taken to ensure staff were trained to a level to meet people's current and changing needs. Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Staff recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), positive behaviour management, autism awareness, epilepsy and rescue medicines, personality disorders and first aid. Staff had also completed varying levels of nationally recognised qualifications in health and social care. One care worker said they were being funded to study for the National Certificate of Educating Mental Health Issues. They also said "They had never known so much training." Staff were positive about the training they received. Comments included: "The training and support is very good."

Staff had also received training in breakaway techniques and gentle handling because some people presented behaviour that was challenging and could present harm to themselves or staff. Staff said they used the least restrictive method possible and tried diversional therapy instead. This included trying to

involve the person in a 'compelling activity'. These approaches were agreed with the multi-disciplinary team and the person it affected.

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities.

Staff files and staff confirmed that supervision sessions and appraisals took place on both a formal and informal basis. Supervisions were carried out on quarterly basis. Probationary reviews were carried out after one, three and 5+ months. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. Staff confirmed that they felt supported by the management team when it came to their professional development.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

Four people were subject to or awaiting assessment from the local authority DoLS team at the time of our visit. One person had support provided by two care workers at a time and spent most of their time in their flat. A DoLS authorisation was in place which had been reviewed by the Court of Protection. In addition, the person's funding authority and Independent Mental Health Advocate (IMHA) were regularly involved in reviews and agreeing protocols to ensure suitable protection which was in the person's best interests. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions and manage their emotions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, for medicine changes, suitability of placement and dental work needed. As a result of one best interest meeting, a person had successfully had dental treatment.

People were supported to maintain a balanced diet. People were actively involved in choosing their menus with staff support to meet their individual preferences. People had preferred meals documented, which also helped inform the menu. A staff member commented: "People are involved in choosing the menu. There are always alternatives." Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care. People's weights were monitored on a consistent basis to ensure their general well-being.

# Is the service caring?

## Our findings

Interactions between people and staff were good humoured and caring. Staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day. Relatives commented: "The staff have enabled (relative) to come out of himself" and "The staff are excellent. They are the experts." A professional stated, "I see three or four residents from this home. I have always been impressed with the level of care and personalised attention the residents get from their care teams. I have no concerns with their standard of care."

Staff treated people with dignity and respect when helping them with daily living tasks. People were keen to show us their flats. These gave them privacy and space to spend time on their own if they wished. Flats reflected people's specific interests, such as DVD's and other objects which provided them with reassurance. Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, supporting people to make specific activity decisions. People were completing a variety of activities and accessing the local community during our inspection. Another example where a person was encouraged to retain their independence was through making a cup of coffee. A careful and considered care plan was in place so a measured approach was adopted by the person with consistent staff support. Staff supported people in an empathetic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, one person enjoyed staff talking to them about things of interest to them; this provided them with reassurance. Another person liked to tap your hand as a form of communication. Care staff would offer them three different activities each day to help them to choose what to do.

Staff gave information to people, such as when activities were due to take place. Staff communicated with people in a respectful way. Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, staff demonstrated how they were observant to people's changing moods and responded appropriately. For instance, if a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. Staff recognised effective communication as an important way of supporting people, to aid their general wellbeing.

Staff showed a commitment to working in partnership with people. Staff spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They were able to speak confidently about the people living at Penhayes and each person's specific interests. They explained that it was important that people were at the heart of planning their care and support needs and how people were

at the centre of everything. For example, one person had three formal meetings per week which gave them an opportunity to discuss their care plan and specify particular activities they wished to pursue.

## Is the service responsive?

### Our findings

People received personalised care and support specific to their needs, preferences and diversity. Care plans reflected people's health and social care needs and demonstrated that families and health and social care professionals were involved. The service had responded to a person's request to plant flowers in their garden. Other people were encouraged to be involved in choosing colour schemes and furniture for their flats to ensure they were individualised to their preferences.

Care files gave information about people's health and social care needs. They were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific activities to aid their well-being and sense of value. A staff member commented: "We work well as a team and look at creative ways of improving people's quality of life." They explained how frozen fruit had been introduced for one person to help alleviate their anxieties. As a result, their anxiety incidents had reduced significantly between the period of January and June 2016. The use of anxiety medicines were not required in this time period and his quality of life had improved significantly. Another person was engaged in a needle desensitisation programme which was important because they needed regular blood tests. Progress had been made to help them with their needle phobia. The community nurse had helped to devise this programme and the staff had been working with the nurse and the person to learn how to manage their anxieties. This had been a stepped approach and the person was now able to tolerate a tourniquet being placed on their arm. This was a huge achievement for the person.

Two staff members were due to complete a 'sensory spectacle' workshop in order to better support people with autism. The purpose of the workshop was for staff to understand how people with autism feel and see the world. For example, how specific noises and light increase a person with autism's anxieties. Once the workshop was completed the two members of staff were to become 'champions' in order to roll out their increased knowledge and specialism to the rest of the staff group. This would enable them to increasingly be responsive and proactive when working with people with autism.

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. This demonstrated that when staff were assisting people they would provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, communication, social activities and eating and drinking. Staff said they found the care plans helpful and

were able to refer to them at times when they recognised changes in a person's physical or mental health. Staff told us about the clear guidelines in place for one person living at the home, to enable them to support them with their complex needs.

There were monthly multi-disciplinary meetings to discuss people's support needs. We attended one multi-disciplinary meeting attended by the staff, an independent advocate and a community learning disability professional. The person themselves were unable to attend but they had been asked what they would like to be discussed at the meeting. The staff member ensured that their questions were considered fully. The person's relative's views had also been ascertained. The review lasted two hours, was in depth and the team fully explored all areas of concern and potential solutions to issues.

Additionally people's care was reviewed monthly during senior and team meetings and the care staff would review people's care plans in more details at care plan team meetings which took place on a quarterly basis. We attended one of these meetings. All staff could contribute to these meetings and would let the key worker know what they wished to be discussed. Again, the review was in depth and covered a variety of matters such as how they could support the person to have a more structured day, and the best ways of achieving this. The deputy manager said if staff were not following the guidance written in people's care plans this needed to be followed up through supervision.

Activities formed an important part of people's lives. People engaged in a wide variety of activities and spent time in the local community going to specific places of interest. For example, shopping, meals out, pamper sessions and walks. People were encouraged to maintain relationships with their friends and family. For example, one person used social media to keep in touch with family. Relatives told us how the staff at Penhayes encouraged family involvement and were always finding ways of arranging visits. One care worker told us how they tried to motivate and encourage the person they were a key worker for. They explained that often at the last minute this person would decide they would not go on the trip which had been planned with them. However, the previous weekend, the person had gone on a trip and described it to their key worker as "Magic." The keyworker tried to look at patterns for this person's behaviour to try and establish why sometimes they would change their mind.

There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, local authority, ombudsman and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. Where complaints had been made, these had been followed up appropriately by the registered manager.

## Is the service well-led?

### Our findings

Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture. Staff said, "The registered manager is very approachable. I like her management style and she listens"; "The managers are brilliant. They are like professional friends. They make an effort to know everything" and "I feel valued by the manager." Relatives and professionals commented about the registered manager: "I think the registered manager is brilliant. She has lots of experience and is passionate about what she does. I have seen her grow"; "The registered manager is prompt to respond, she is efficient" and "It is a very well-run service. I have the upmost respect for the leadership of this service, the registered manager, her deputy and the managing director. They have shown commitments to the individuals they support that are above and beyond what could be reasonably expected."

In addition, the registered manager recognised the importance of investing in staff. They explained the importance of empowering staff to develop their skills through additional training opportunities. For example, the registered manager was introducing 'champions', which would mean certain staff would become specialists in key areas. The champions' roles included nutrition and health, autism and the Mental Capacity Act (2005). As a result staff were completing courses in order to develop their skills. The skills gained would then enable them to support the wider staff team through their increased knowledge. In addition, two members of staff had been enrolled on a leadership course as part of their professional development.

Staff confirmed they had regular discussions with the management team. They were kept up to date with things affecting the service via team meetings and conversations on an on-going basis. Staff were paid to come in on their day off to attend meetings. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change and at certain points during the day.

People's views and suggestions were taken into account to improve the service. For example, care team meetings took place to address any arising issues and the registered manager ensured they spent time with people on a regular basis. For example, to identify particular activities and food choices. In addition, surveys had been completed by relatives and health and social care professionals. The surveys asked specific questions about the standard of the service and the support it gave people. Where comments had been made about the décor of the home, the registered manager had implemented a redecoration programme. They recognised the importance of constantly improving the service to meet people's individual needs. In addition, the registered manager was due to roll out a satisfaction questionnaire in a better format to the people living at Penhayes. The questionnaire would ask specific questions, which included about quality of life and whether they felt safe.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence, personalised care, positive risk taking and people having a sense of worth and value. The organisations philosophy was embedded in Penhayes.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and various consultants. Regular medical reviews took place to ensure people's current and changing needs were being met. Professionals confirmed that the service worked well with them in an open and transparent way and took on board things requested.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. One example was where there had been monies that had gone missing. Care staff explained a memo had been distributed to all staff with the new guidelines. They said it had been fully investigated. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. The service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis as part of monitoring the service provided. For example, the checks reviewed people's care plans and risk assessments, medicines, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed. In addition, a quality assessment had been completed by a member of the compliance team in April 2016. This was completed in line with the Care Quality Commission's 'five questions.' Their report identified that staff had forged good relationships with people and understood their specific needs. Where actions were needed the service action plan showed these had been completed. For example, maintenance jobs completed.