

RMP Care Limited

R M P Care - 20 Oulton Road

Inspection report

20 Oulton Road
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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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We completed an unannounced inspection at 20 Oulton Road on 22 November 2018. At our previous inspection on 08 December 2016 we found that improvements were needed to ensure systems were in place to safeguard people from abuse. We asked the provider to send us an action plan to show how the improvements were to be made and when these would be completed. The service was rated as Requires Improvement overall. At this inspection we found the required improvements had been made.

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

20 Oulton Road accommodates a maximum of five people. At the time of the inspection there were five people using the service. 20 Oulton Road followed the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager at the service. 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 registered manager was visible, approachable and acted as a role model for staff. There was a strong focus of person centred care within the service, which staff followed in practice to ensure people led a full and varied life. Staff were encouraged to create and develop ways to increase community links which achieved positive outcomes for people. Feedback was welcomed to drive improvements in people's support which had made a positive difference to people's quality of life.

People were empowered to have choice and control over their lives and had been actively involved in community projects and consultations which affected the local area they lived in, this meant people experienced an improved quality of life because they were supported to explore new opportunities and were proud of the achievements they had made. Complaints systems were in place and people were supported to understand and make decisions about their end of life.

People received safe care and we found there were enough staff to provide support to people that met their needs. We found that people's risks were assessed and managed to protect them from the risk of harm and people received their medicines safely. The provider had safe recruitment procedures in place to ensure that staff were of a good character and suitable to support people who used the service. People were protected from infection and cross contamination risks.

People were supported to make decisions about their care and staff sought people's consent before they carried out support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's nutritional needs were met and people had positive mealtime experiences. People had access to health care services and advice sought was followed by staff to ensure people's health and wellbeing was maintained. Staff received training to enable them to support people effectively. The environment was designed and adapted to meet people's needs and promote independence.

People were treated with dignity and staff were caring and kind. People's privacy was respected and upheld, people chose to have time to themselves in their private rooms and staff respected their wishes. Staff understood people's individual communication needs. Staff supported people to maintain relationships with relatives/friends.

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.

Staff were aware of their responsibilities to protect people from the risk of harm. People's risks were assessed and mitigated to keep people safe. There were enough suitably recruited staff available to meet people's needs. Medicines were managed safely. Infection control measures were in place to protect people from potential infection risks.

Is the service effective?

Good ●

The service was effective.

People were supported to enable them to be independent with the planning and preparation of their meals and support was available if required. People received support from staff who were sufficiently trained. People's health was monitored and health professionals' input was sought and followed where needed

People were supported to consent to their care and have control of the way they lived their lives. Where people were unable to make specific decisions, systems were in place to ensure that these were made in people's best interests and in the least restrictive way.

The environment was designed and adapted to promote people's safety, independence and social inclusion. There were systems in place to ensure that people received consistent care from internal staff and external services.

Is the service caring?

Good ●

The service was caring.

Staff were caring and showed patience and compassion when they supported people. Staff treated people with dignity and respect and their rights to privacy were upheld. People were supported to make choices in the way their care was provided. Staff understood people's individual way of communicating and people were supported to maintain links with friends and family.

Is the service responsive?

Outstanding 

The service was very responsive.

People received support that was personalised and responsive to their needs. Strong links with the community were created and maintained and people were empowered to have choice and control over their lives.

People were encouraged to raise concerns about their support and they were supported to understand and make decisions with regards to their end of life.

Is the service well-led?

Outstanding 

The service is very well led

Staff were empowered to suggest and become involved in making improvements to the support people received. The registered manager promoted a strong focus on personalisation, which was followed in practice by staff to ensure people experienced positive outcomes in their daily lives.

Feedback from people, relatives and staff played an important part of continually making improvements to the support people received. Staff were empowered to create and develop innovative ways to increase community links and there was a culture of sharing and celebrating success.

R M P Care - 20 Oulton Road

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 was 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 inspection was unannounced and took place on 22 November 2018. The inspection was carried out by one inspector and an assistant inspector.

We used the information we held about the service to formulate our planning tool. This included information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service.

We spoke with four people who used the service and three relatives. We observed care and support in communal areas to assess how people were supported by staff.

We spoke with two staff, the deputy manager, the registered manager and the provider. We viewed two records about people's care. We looked at how medicines were stored, administered and recorded for two people. We also looked at documents that showed how the home was managed which included training and induction records for staff employed at the service and records that showed how the service was monitored by the registered manager and provider.

Is the service safe?

Our findings

At our last inspection, we found that staff were not always aware of their responsibilities to report and act on abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and this area was rated as good.

People who used the service told us they felt safe. One person said, "I am happy here and feel safe with staff. I would tell staff if I was unhappy". Relatives told us that they had no concerns about how staff treated their relative. Staff we spoke with were aware of the various signs of abuse and understood the actions they needed to take if they suspected abuse. The registered manager had implemented new systems to ensure all possible safeguarding concerns were dealt with and the appropriate authorities were contacted when required.

People's risks were assessed and managed. People and their relatives told us that staff supported them to stay safe. Positive risk-taking strategies were used to ensure people were encouraged and supported to have a full life whilst acknowledging and reducing potential risks to their safety. Staff we spoke with had a good understanding of people's risks and the plans in place to manage these. The records we viewed confirmed what staff told us and we observed that the risk assessments in place were followed by staff when they supported people. This meant people were protected from harm because their risks were managed and mitigated.

People told us that there were enough staff available to meet their needs. One person said, "I can always go out when I need to and staff are about to help me". During the inspection we saw that there were enough staff available to provide support in a patient and unrushed manner. Staff told us that any shortages in staff were covered with existing staff to ensure that people received consistent support. The registered manager had a system in place to ensure there were enough staff available to meet people's needs and ensure they could undertake activities that were important to them.

Staff had been employed using safe recruitment procedures. Staff told us and we saw that they had received checks of their character and references from previous employers which ensured they were suitable to provide support to vulnerable people. This meant people were supported by staff that were of suitable character and had been recruited safely.

We saw that medicines were stored, recorded and managed safely. People were supported to take control of their own medicines. One person explained why they took their medicines and the routine they followed to make sure staff could check they had taken their medicines as prescribed. Staff we spoke with told us that they had received training to ensure that they had the knowledge to administer medicines and the records we viewed confirmed this. The Medicine Administration Records (MARs) we viewed showed the medicines people needed, the frequency and the amount and we saw the MARs had been completed accurately by staff.

People and relatives told us that the service was always clean. We saw that the environment and equipment were all clean and people who lived at the service were supported to keep their personal rooms and communal rooms clean and tidy. The registered manager had systems in place to ensure staff understood and followed infection control procedures to protect people from the risk of harm.

Systems in place to learn from things that had gone wrong. After the last inspection a system was implemented to ensure staff consistently acted on safeguarding concerns at the service. The registered manager had implemented records to ensure concerns were effectively investigated and referred to the local safeguarding authority. The registered manager had ensured this system was implemented within the provider's other locations to ensure there was consistency across the organisation. This showed that lessons were learnt when things went wrong and action had been taken to rectify issues raised.

Is the service effective?

Our findings

At our last inspection people received effective care and support. We rated this area as Good. At this inspection this area continued to be rated good.

People consented to their care and were encouraged to make decisions about their daily living routines. One person said, "I choose everything. I sit and discuss things with the staff like holiday's and I choose where I want to go and who with. I can do a lot for myself". We saw staff gave people time to make decisions about their care and use individual methods of communication to enable people to respond. This meant people were supported to consent to their care. An assessment of people's needs was completed to ensure that the service could meet their needs. We saw that information was gathered from the person themselves, family members and any other representatives that were involved in the person's life. This information included details such as; the person's past medical history, physical and emotional needs and people's likes and dislikes. The assessments also included details of people's diverse needs, such as sexuality and religious beliefs. This information had been used to formulate care plans to ensure that all aspects of people's needs and preferences were considered.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw mental capacity assessments had been carried out when people lacked capacity, which contained details of how staff needed to support people to make specific decisions in their best interests. Staff we spoke with understood their responsibilities under the MCA and what it meant for people they supported.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Staff were aware of people's DoLS and how to support people in the least restrictive way. The registered manager had made referrals to the appropriate authority where people had restrictions in place to ensure these were lawful. This meant that people were supported to have as much control over their lives as possible and where restrictions were in place people were supported in line with the MCA.

People we spoke with were very happy with the food. People told us that they were able to choose their meals and they discussed the food they wanted as a group at meetings. One person said, "I like cooking and we share this between us in the house. We all meet and choose what we want each week. If I don't like what is being cooked I just go and get something else out of the fridge. The staff are about if I need help but I'm good at cooking". We saw that people helped themselves to drinks throughout the day with support from staff if they needed guidance. People sat together at mealtimes alongside staff and we observed people

chatting throughout the meal. This meant people's independence was supported to prepare food and drink and mealtimes promoted engagement with staff and other people who used the service.

People were supported to access health professionals to ensure their health and wellbeing was maintained. We viewed records that showed people had been supported to access dentists, district nurses, G.Ps and specialist teams. We saw that advice received was documented and followed by staff. For example; advice had been sought regarding one person's epilepsy. Guidance was recorded in care plans and staff we spoke with understood the support they needed to provide as recommended by professionals. The records we viewed showed that people's health was assessed and monitored regularly.

Staff told us they had received an induction when they were first employed at the service and they received regular updates in training to ensure they supported people effectively and in line with current guidance. The records we viewed confirmed staff were trained to carry out their role effectively. Staff received supervision on a regular basis with the registered manager to discuss their role and development of their skills. This meant staff were supported to carry out their role effectively.

The environment had been designed and adapted to promote people's safety, independence and social inclusion. The service was small and homely and people could move around the service freely. The service was near to the local town which allowed people to access this independently where they had been assessed as safe to do so. People had their own private rooms and there was a communal lounge and kitchen so people could socialise or spend time in the privacy of their own room. People had been involved in choosing their own décor to ensure they were involved in the way the service was decorated and this met their preferences.

Staff told us that they attended a handover session at the beginning of each shift, which ensured they could provide a safe and consistent level of care to people. The handovers ensured that any risks were highlighted and if there had been any changes in people's needs. We saw people had 'Hospital Passports' which ensured that important information about people was available to hospital staff if they were unwell. This showed that the service ensured that people received consistent care within the service and across other services.

Is the service caring?

Our findings

At our last inspection people were treated with dignity and respect by caring staff. At this inspection we found people continued to be treated with care, dignity and respect.

People told us staff were kind and caring towards them. One person said, "The staff help me, they are kind. I like them they are all very nice". Another person said, "I really like it here. The staff are caring and look after me. If I am upset they help me to feel better". Relatives we spoke with were very happy with the support their loved one received. One relative said, "It's wonderful, the staff are so very caring and my relative is happier than they have ever been". We observed caring and compassionate interactions between people and staff. For example; staff spoke with people in a polite and caring way and showed patience when people asked them for support. We saw staff chatting with people throughout the day and asked people how they were. Staff complimented people on the clothes they were wearing and people were happy to see staff, sharing a laugh with staff and reminiscing about certain events that they had visited together.

People who used the service were supported to establish and maintain relationships with their families and friends. People told us that they regularly met up with friends and family which was important to them. A relative told us that staff supported their relative to travel to their home when they were unable to visit their relative. They told us that staff ensured they had private time with their relative and staff would leave them to chat alone and gave them time together. Another relative said, "It means so much to us that our relative is happy to go back to 20 Oulton Road after they have visited us. They are happy to see staff and look forward to going home". The records we viewed confirmed what people had told us and showed that people were supported to visit friends and family on a regular basis, which ensured that people were able to maintain links with people that were an important part of their lives.

Staff encouraged people to make choices in the way they received their care and people's choices were respected. People told us they could make choices to live their life as they preferred. Some people were not always able to communicate verbally and staff enabled people to communicate their choices and needs using visual and pictorial aids. These were adapted to meet each person's individual preferences. For example; one person used 'Makaton' and staff were trained to understand this method of communication which had been adapted by the person themselves. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking. Staff had also devised pictorial daily living care plans which this person carried with them which assisted them to communicate their needs effectively both within the service and when accessing the community. This meant that people's choices were gained in line with their individual methods of communication.

We saw that people could freely access all areas of their home. This enabled people to access private quiet areas when they needed time alone. We saw people accessing all areas of their home, some people sat in the lounge area, some people were sat at the dining table and some people chose to relax in their rooms. We saw this was people's choice and staff respected what people wanted to do throughout the inspection. We also saw that people's dignity was protected because staff ensured they listened to people and spoke with people in a way that made them feel that they mattered. For example; staff gave people their time

when they were asked questions and sat with people when they were talking about various issues. This meant staff that respected people's right to privacy and their dignity was maintained.

Is the service responsive?

Our findings

At the last inspection the service was responsive to people's needs and this area was rated good. At this inspection, we found that the provider had focussed on further developing how people were supported to be active members of their local community. People received exceptional support that was focused on promoting people's independence and inclusion within the community. People were actively involved in some inspiring projects including a hugely popular music group and an award-winning park project. This area was rated as outstanding.

People were strongly supported to be visible, active and valued members of the local community. The registered manager and staff encouraged and sustained important links within the community. For example; people were involved in an exciting new park project with the local authority to maintain the local park. People were supported by staff to attend meetings to discuss the project which was attended by other professionals such as the police, businesses and local people. The aim of the group was to maintain and improve the park with the help of the park rangers. One of their biggest achievements was winning the prestigious Green Flag award. The Green Flag Award is the benchmark national standard for publicly accessible parks and green spaces in the United Kingdom and in part because of the work of people at The Cottage the award was gained on two consecutive years. People we spoke with were very proud to have achieved the award and told us they enjoyed visiting the park and helping to maintain the grounds. The work carried out promoted people's health and wellbeing, especially those who normally struggling with physical activities. This made people feel valued as active members of the community and empowered to make a difference.

People's needs were very much at the heart of the service's provision. The provider and registered manager had founded a music group for people with sensory needs because there was no suitable provision in the community. Research was carried out into how the provider could create a group for people who would enjoy and benefit from a music group that also promoted people's engagement within the community. A group was created after involving people, relatives and the wider community. Specialist sensory training was provided for two members of staff who were involved in the establishment of the music group. The records showed that one person who was involved enjoyed the sensory music group and had established friendships with other people. A relative told us this person enjoyed the music group and enjoyed socialising with other people. People who had difficulty communicating were able to communicate how they were feeling using music and movement. Staff told us people showed excitement and joy when they attended the music group.

Arrangements for social activities were discussed with people and innovative ways to promote social links and friendships with people who enjoyed the same activities were in place. For example; people told us that they discussed where they wanted to go on holiday. Meetings were held across the provider's services for people who used the service to enable people to choose who they wanted to go on holiday with, which was not restricted to the house they lived in but extended to promote friendships with other people who had the same interests. This focus on enabling people to develop meaningful social relationships resulted in people forming new friendships and partaking in social events that would not otherwise have been possible. One

person said, "I enjoy my holidays and I can go with my friends, we have a good time together". People told us who they chose to spend time with and showed us picture books that had been made to enable people to reflect on their holidays and activities. This demonstrated that people were supported to have choice and control over their lives and were supported to develop new friendships and spend time with people they had shared interests with.

This strong focus on enabling people to develop meaningful social relationships resulted in people forming new friendships and partaking in rewarding social events. One person said, "I enjoy my holidays and I go out with my friends. We have a good time together". Arrangements for social activities were discussed and innovative ways to promote social links and friendships with people who enjoyed the same activities were in place. For example; people told us they discussed where they wanted to go on holiday. Meetings were held across the provider's services to enable people to choose who they wanted to go on holiday with. This was not restricted to the house they lived in but extended to promote friendships with other people who had the same interests. People told us who they chose to spend time with and showed us picture books that had been made to enable people to reflect on their holidays and activities. Staff's interests were matched with people's likes and preferences to ensure the most appropriate staff supported people. One person said, "I enjoy going shopping with [staff member's name] because they like looking at the same things as me. we like to go for a coffee together too".

Visiting professionals felt that the provider was strongly focused on providing person-centred care and support, and achieved exceptional results. Without exception professionals told us that the care people received was excellent and had clear values of providing support to people to enable them to be as independent as possible.

One professional said, "I would say that the care that all the residents at RMP (The provider organisation) receive is excellent. It is person centred and the staff are always keen to promote individual outcomes for their residents. Residents always appear very well cared for and where they may be individual issues these are always communicated well between staff from the two organisations, so that appropriate care can be given. RMP is an example of somewhere I would want my own children to move to if they needed residential care. The accommodation is excellent and community-based and the interactions between different houses means that friendships are encouraged, supported and sustained, which avoids the risk of social isolation".

People's independence was vigorously promoted and they were involved in various areas of daily living. One person said, "I enjoy cooking and staff are always nearby if I need help. I have my own medicines and I take these by myself. I like doing things myself it makes me happy". We saw one person preparing themselves a packed lunch to take with them to a community project. They said, "I like to do things for myself. I can go out when I want. I go to work and visit friends and family. It makes me happy". All the staff we spoke with had an excellent knowledge of people's needs and ensured the guidance available was followed to ensure people received support in a way they wanted. This focus on supporting and enabling people through aids to communicate their preferences meant that people had the greatest level possible of control over their day-to-day lives.

People were fully involved in the planning and reviewing of their care. People's plans were individual and contained detailed guidance for staff to follow to support people in line with their preferences and wishes. People had pictorial daily living aids to help them to communicate their wishes effectively where they had difficulties communicating verbally. All the staff we spoke with had an excellent knowledge of people's needs and ensured the guidance available was followed to ensure people received support in a way they wanted. This focus on supporting and enabling people through aids to communicate their preferences meant that people had the greatest level possible of control over their day to day lives.

People who used the service were encouraged to raise concerns about their support. One person said, "I can say if I am unhappy about things. We have meetings to discuss things". People had a copy of the complaints policy in a pictorial format to aid their understanding. At the time of the inspection there had been no complaints received. However, there was a system in place to record and monitor any complaints received.

People were supported to understand death and dying in a way that met their communication needs. We saw a pictorial information booklet that staff had talked through with people to help them understand this time of their lives and decisions they were able to make in advance. Some people had made decisions about their end of life, such as people who they wanted with them and what type of funeral they wanted. The registered manager told us these discussions were on going and were led by people who used the service to ensure they were comfortable when discussing this sensitive area.

Is the service well-led?

Our findings

The provider had created a culture of encouraging staff to be actively involved in the way people received their support. This had led to people receiving exceptional person centred and inclusive care within the service and across the provider's six registered locations. Relatives praised the leadership and vision of the registered manager who went on to become a Highly Commended runner up in the prestigious Dignity in Care Leadership awards. People were at the heart of everything the service did and were also involved in the recruitment of staff. People, relatives and professionals consistently spoke about how well-led the service was.

People, relatives and professionals consistently spoke about how well-led the service was. People told us they really liked the registered manager and we observed positive and compassionate interactions between people and the registered manager. One person had recently returned to the service because their independent living had broken down. This person contacted the registered manager because they had maintained the relationship with the person after they left the service, which meant they felt able to ask for help and felt cared for by the registered manager. Relatives were exceptionally happy with the support their relatives received and spoke highly about the registered manager. One relative said, "One relative said, '[Registered manager's name] is wonderful, very professional and they have a wealth of experience. I have total confidence in their ability to manage the service which continues to get better and better'".

Innovation was celebrated and shared. Staff were recognised for their work and were encouraged to nominate staff for various awards. Staff had nominated the registered manager for the Dignity in Care Leadership award who went on to gain a Highly Commended runner up award. The staff member told us they had nominated the registered manager because they led by example when ensuring people were treated with dignity. Staff told us they received praise and were recognised for their achievements and input to making a difference to people's lives.

There was a clear vision about the direction and culture of the service, which promoted an ethos of involvement and creative ideas to ensure people had a full and satisfying life. The service was led by an experienced registered manager who demonstrated these values. People were valued members of the larger community in the local town. A relative said, "It is lovely for us to see that our relative knows people when we are out and about in Stone. They are obviously a be part of the wider community, and we are aware that they are supported to attend many of the community events which are organised in the town". The staff team understood and promoted the values shown by the registered manager which ensured the support people needed was tailored around their needs to enable people to have an exceptional quality of life. A staff member said, "People are always in control of the way they wish to live their lives and to see people live a fulfilling life is very rewarding". Another staff member said, "Everyone that lives here is individual. We make things happen and create opportunities which enables people to have choices in how they live".

Staff were empowered to be involved in creative ways to improve the service with a strong focus on people's independence. One staff member said, "We are an inclusive service. Everything we do starts and ends with

the person. We are given the opportunity and time to be involved and developing the service. For example; the park project. I recognised this could be beneficial to promote links with the community and the registered manager let me lead this project, which gave me a sense of achievement to see how people have benefitted from the project".

Staff were fully supported by the registered manager to carry out their role. Without exception staff felt the registered manager was approachable and supportive. One staff member said, "We have regular supervision and we keep up to date with current guidance because [registered manager's name] makes sure as soon as there is a change in practice we receive the training and development needed". Another staff member said, "I feel extremely lucky to be part of a team which allow have the same passion to ensure people receive the highest standard of care. The registered manager encourages staff to be a part of the ongoing development of the service". Staff were also encouraged to share their views and thoughts about the service during supervisions and team meetings. The provider was committed to the continuous development and improvement of the service; a social media group had been set up to encourage staff to voice their opinions on how the service could be developed.

People were empowered to make decisions about the staff employed at the service. One person told us they had recently interviewed a new staff member. They said, "I like the staff who help me. I helped to choose them". The registered manager encouraged people to be involved in this process as people need to feel comfortable and happy with people in their own homes. Staff told us part of their induction was meeting people and they were given time at the start of their employment to sit with people and chat to form relationships with people.

People and relatives were encouraged to feedback their thoughts about the service through questionnaires and surveys. The registered manager recognised that the views of people using the service were very important and we saw that where suggestions were made about improvements to the service, these were discussed and acted upon.

People were supported to influence the developments that may affect them in their local community. People had been involved in the consultation process for a local town development, which gave people the opportunity to ensure their views were considered with proposed changes in the town they lived in. People were supported by staff to attend meetings that were held, which ensured people were active citizens within the community.

People had received a high standard of care which was focussed on their wishes and aspirations. The registered manager was responsible for the management of all the provider's services and promoted their passion for person centred care that gave people choice and control over their lives. The registered manager consistently followed good practice and ensured their knowledge was up to date. They attended a local registered manager's network group where best practice was shared to promote excellence within the provider's services and to continually seek ways to drive improvements for people

There were effective systems in place to monitor the quality of people's support. Regular audits were carried out to ensure people were receiving the support they needed and where issues were identified action had been taken to make improvements. These included audits on accidents and incidents, infection control and medicines. The registered manager spoke positively about the provider of the service and stated they were supportive of any changes that they wished to implement.

After our last inspection we identified there was not an effective system in place to record and analyse potential safeguarding incidents. The registered manager had swiftly implemented a system to ensure the

actions taken were recorded and evidenced at all locations. This demonstrated learning had been taken from the feedback received to make improvements at 20 Oulton Road and other services. The registered manager told us they regularly monitored the new system to ensure these had been successfully implemented and sustained across all locations.

The registered manager was aware of their responsibilities in relation to duty of candour which meant they were open and transparent with people and their relatives when things went wrong. The registered manager had notified the Care Quality Commission (CQC) of incidents that had occurred in line with their legal responsibilities and we found that the provider had displayed their previous inspection rating in the home.