Your Life Care and Support Limited

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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

The inspection took place on 23 and 30 July 2018 and was announced.

The service provides personal care to people living in their own houses and flats in the community across Seaham. It provides a service to disabled adults. This included people with learning disabilities living in their own houses with 24 hour support and people who had support from staff at arranged times through the day.

At the time of the inspection 14 people were using the service. Seven of these people were living in a block of flats, there was a port-a-cabin in the grounds of the flats which staff used as a local office meaning they are on-site to provide support. The other people lived alone in various parts of the town. The service's main office was also situated close by in Seaham.

This was the first inspection for this service.

The service had a registered manager. 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.

Recruitment processes were robust, which helped the employer make safer recruitment decisions when employing new staff.

There were systems in place to reduce the risk of abuse and staff were confident about reporting concerns.

Personal and environmental risks were assessed to ensure people could be supported in the least restrictive way possible; the policies and systems in the service supported this practice. Incidents and accidents were monitored, and action was taken to reduce risks.

People had been assessed to check if they were able to administer their own medicines. Plans had been put in place to ensure people were given the required support to take their medicines according to their individual needs.

Staff had undertaken a range of training that met people's needs. Staff were supported to develop their knowledge and skills. Learning from positive and negative support experiences was shared between staff to make improvements in their practice.

People were supported to lead healthier lives and maintain appropriate diets.

People told us they found staff caring and that care was delivered in a way that maintained their privacy and

dignity.

People were supported to be as independent as possible.

People had care plans reflecting their likes, dislikes, needs and preference and we saw that people were involved in the assessment of their care. Staff worked with other healthcare professionals to ensure people received a seamless service that met all their needs.

The people we spoke with told us they knew how to raise any concerns and said they felt comfortable doing so. Procedures were in place to record and investigate any concerns or complaints.

We saw that people were encouraged to take part in meaningful activities and volunteering opportunities and that the service was highly flexible to support people being able to do their chosen activities.

The registered manager was aware of national guidance and good practice and work was ongoing to improve the service in-line with these.

People were consulted about their satisfaction with the service and told us they were happy or very happy with the services being provided.

We were told that people using the service and staff had good relationships with the management, who were accessible and approachable. Some people were unsure who the senior management were as there had been some recent changes to the company's management structure.

The management team regularly checked the quality of the service with a view to continuous learning and improvement. The audit system had recently been reviewed and improved with a view to making it more robust. This process was not fully embedded in all the services yet.

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.

We found that there were effective processes in place to ensure people were protected from bullying, harassment, avoidable harm and abuse. Staff took appropriate action to raise and investigate incidents and concerns.

Effective recruitment procedures were in place.

Risk assessments were undertaken of the environment and personal risks.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to deliver the care and support people required.

Records showed and staff understood the importance of obtaining people's consent prior to any tasks being undertaken and staff had been trained in the Mental Capacity Act.

We saw that people were given advice, guidance and practical support to maintain heathy diets suitable for their health requirements.

Is the service caring?

Good

The service was caring.

People and relatives told us the service was caring or very caring. Staff spoke affectionately about people and were supportive and compassionate with them.

People told us their privacy and dignity were very well respected.

People were supported to retain or develop their independence

and were given the right level of support to achieve as much as possible themselves.

Is the service responsive?

Good

The service was responsive.

People's care plans contained individual, person centred information about their needs and preferences.

Care was provided on an individual basis, based on people's individual needs and reviewed to reflect changing circumstances.

People had been provided with information on how to make formal complaints and said that they were listened to by the registered manager.

Is the service well-led?

Good

The service was well-led.

People received a reliable and caring service and expressed good levels of satisfaction with their care.

Regular checks were made to ensure the quality of the service.

The provider sought regular feedback and used this to make improvements to the service.

Your Life Care and Support Limited

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 inspection took place on 23 and 30 July 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it was small, the registered manager was often out supporting staff and we needed to ensure someone would be available in the office to meet us.

Inspection site visit activity started on 23 July 2018 and ended on 30 July 2018. We visited the office location on 23 July 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We visited people in their own houses and flats on 23 and 30 July 2018.

On 23 July 2018 one inspector visited the main office and on 30 July 2018 two inspectors visited people who used the service and spoke with staff at the on-site office.

To help us to plan the inspection we considered all the information we held about the service. For example, we looked at complaints and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law. We sent questionnaires to people who used the service and analysed the responses to these to inform this report.

We requested the views of other agencies that worked with the service, such as the local authority commissioners and safeguarding, healthcare professionals and Healthwatch Darlington. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with six people who used the service and two relatives over the telephone or in person. We spoke with the nominated individual, the registered manager, two service managers, two team leaders and three care staff. The nominated individual is responsible for supervising the management of the regulated activity provided.

We looked at documentation relating to four people who used the service in detail and at four staff files including; recruitment, training and support documentation. We also looked at documentation and systems that were in place to manage the service. We observed interactions between people and the staff supporting them.

Good

Is the service safe?

Our findings

People told us that they felt the service was safe. Comments from people were, "I do feel safe here. There are big gates and no one can get in unless we let them", "There is a code and we have keys, the staff have keys in case of an emergency" and, "Staff are there if you need them." A relative told us, "Safe, I think so. They can't go out on their own. Staff go with them for safety."

Risk assessments were carried out to assess the safety of the service, including the safety of people's homes. We saw risk assessment and management plans were in place to minimise risks identified while allowing people as much freedom and independence as possible. For example, risks to people whilst they were out in the community had been identified and staff were given guidance on how to keep people safe. Staff enabled people to consider the risks of using cleaning products. We observed one member of staff offer advice to a person who wanted to use bleach to clean their toilet. Where people had a diagnosis of epilepsy, actions were in place to manage the risks in the least restrictive way. Risks assessments and guidance, such as for lone working, were in place to assist and protect staff.

People were encouraged to take ownership of safety checks and told us what they checked and when. People told us that they could report any maintenance issues to their landlord with staff support and that these would be repaired. For example, one person told us they were having a leak in the sink repaired after staff had reported it for them and in another property, we saw that staff had asked the landlord to change the surfacing to a garage to make it safer.

People told us that staff had gone through fire and other safety procedures with them and they knew what to do in an event of an emergency. One person said, "phone 999" and for a fire they said, "go outside." We saw that people had personal emergency evacuation plans (PEEPs) in place which gave staff clear instructions to follow. People told us that there were regular checks of the fire alarms and practice fire evacuations. One person said, "Staff go through the fire procedure, sometimes they have a drill without telling anyone, we go across the road. They do that every few months."

Recruitment and selection processes were safe. Checks were in place to ensure that new staff were suitable to work with vulnerable people and had the right skills and knowledge to carry out their job.

Staff told us that they knew how to recognise abuse and felt confident reporting any concerns. They had completed training in safeguarding and whistleblowing and discussed these topics regularly in meetings. There were policies and procedures in place to monitor and learn from safeguarding incidents. Incidents were logged and actions taken. Conversations with people were documented about keeping safe and protecting themselves. Staff offered people an opportunity to watch an easy to understand DVD about potential abuse and what actions to take.

People told us that they received support from regular carers who they knew well. Sufficient staff were employed in the service to meet people's needs. Each person had a set number of hours support allocated to them and discussed with staff when they wanted to use the hours. People could save certain hours to use

for a longer activity or event. Staff responded flexibly to people's requests and arranged their hours in accordance with people's wishes, this included if people changed their minds about at activity at short notice. Staff told us they changed their working days to ensure they were providing continuous support. They told us that they did not mind working in this way as it supported colleagues and provided better support for the person.

People's medicines were managed safely. The service had policies and procedures in place for the administration of medicines. Risk assessments were in place where people chose to administer their medicines themselves. We saw that staff supported people to order, collect and check their own medicines. We saw an example of where someone did not have capacity to manage their own medicines, but they still collected their own prescription with staff to remain involved in this process. Staff had training in safe handling of medicines and medicine administration records (MARs) we reviewed were correctly completed with no gaps or anomalies. Senior staff observed staff administering medicines on regular basis to ensure they remained competent to do so.

Procedures were in place to monitor incidents and accidents and to minimise risks to people by looking for trends and patterns. We saw that where incidents and accidents had happened, staff considered ways to prevent these from reoccurring. For example, there had been an incident where someone had a seizure and fell behind their bedroom door, making it difficult for staff to gain access. The door was replaced with a double hinged door that staff could open outwards if a similar event happened again. A healthcare professional we spoke with told us, "It's good the way they manage and learn from incidents, they make a detailed plan with learning for the future. They are very responsive. They don't wait for us to tell them what to do."

The service helped to protect people from the risk and spread of infection. Staff told us and records confirmed that staff had completed infection control and prevention training, and confirmed they used personal protective equipment (PPE) they required. People we spoke with also told us staff used PPE and told us staff supported them to keep their homes clean and tidy.

Good

Is the service effective?

Our findings

People received care and support from capable staff which was delivered in line with current standards and guidance. People told us they felt staff knew how to do their jobs and had no concerns about their skills. A relative told us, "Since [person] was diagnosed with autism staff have done the training."

Staff told us they felt confident in carrying out their roles and that they had the skills, knowledge and experience they needed. Staff confirmed they received support through induction training initially and then had all the training they felt they needed to do their jobs effectively. Staff comments about their training included, "It was good.", "[Team leader] monitors training, if it needs doing we discuss it at supervision." and, "I'm up to date, we just did some training."

Staff had a robust induction that included shadowing experienced staff and meeting people to get to know their care preferences. Training records showed that staff had access to appropriate training which was renewed on a regular basis. For example; health and safety, infection control, mental capacity as well as training specific to the needs of people using the service such as diabetes and managing challenging behaviour. The service was just moving over to a new training system, which meant staff would have access to a range of training courses on request. Management had submitted requests for additional training such as around positive behaviour support to strengthen staff's existing knowledge in this area.

Staff working with one person with complex needs told us that they had completed training relevant to the person's needs but also learnt by reviewing what worked and what did not work with the person and sharing this knowledge within the staff team. Positive support experiences were documented so that staff could learn from these approaches.

Staff received regular one to one support meetings and an annual appraisal of their work performance. They told us they found these sessions useful, but also said they could approach the management team for guidance and support at any time. The staff we spoke with also had support from on-site team leaders, regular contact with service managers and could approach the registered manager as a further avenue for support.

Daily handover sheets were completed to assist staff with communication with other staff. Staff also used a communications book to pass pertinent information about people needs and requests between themselves.

We saw that assessments detailed the outcomes people wanted to achieve and how staff would support people to achieve these. People were supported to access healthcare professionals when needed and were given advice and support about their general health and wellbeing. People told us staff assisted them to attend their appointments with other healthcare practitioners. One person said, "Staff come with me to the doctors, the dentists and the opticians." Staff supported people to have annual health reviews and people had 'Hospital Passports' in place. These are documents which provide essential information about people's needs should they transfer to hospital. This would make sure healthcare staff had the information they

needed to care for and support the person in the way they preferred.

Staff told us how they supported people to make healthy meal choices and to eat varied and balanced diets. One person we spoke with had intentionally lost weight due being supported to have a healthier diet. People were offered support to weigh themselves. Not everyone wanted to be weighed and staff respected their decisions. We saw that some people shopped and prepared meals independently and other received full support from staff with these tasks, in all cases staff encouraged people to do as much for themselves as possible. For example, where people could not shop for themselves staff accompanied them and made choices based on an agreed and varied meal plan. Other people had received advice from staff about meals they would enjoy that were suitable for a diabetic diet. Staff had completed training about food hygiene to prepare food safely. One person told us, "I feel healthy, I do lots of walking. I cook and staff help with healthy meals."

There were effective uses of assistive technology, for example motion and epilepsy sensors to alert staff if people needed support in the night. This reduced the amount of staff that some people needed and therefore gave them more independence. When staff were not on duty people were still able to summon assistance in an emergency.

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. The registered manager had a good understanding of their legal responsibilities with regard to the MCA and staff had received appropriate training.

The service was meeting the requirements of the Mental Capacity Act 2005 [MCA]. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People's mental capacity to make decisions had been assessed as part of the assessment process and recorded. Where people had capacity, they had signed to give their agreement to their plans of care. People and staff told us that care took place with people's consent and we observed people being asked their consent. For example, for staff to go in to their houses. People also gave their consent to staff entering their flats if they had not answered their door within five minutes of staff knocking. We saw where people were not able to give consent decisions had been made in their best interests with the relevant people involved in their lives. People were still supported to make daily decisions where possible and staff confirmed that people were happy with their actions. For example, we heard staff say to a person, "We're thinking of going out soon, if that's okay with you."

Good

Is the service caring?

Our findings

People described the service and staff as caring. One person spoke to us about the staff and said, "They are excellent, can't fault them." Another told us, "Staff are nice." Other people told us the staff were, "good" and "helpful". Staff interacted with people in a respectful manner. Our observations during the inspection showed staff to be kind, caring and that they supported people in a compassionate manner. Relatives we spoke with were positive about the way the service was delivered and told us, "Staff are very caring, they look after [person's] welfare and are interested in them as a person." Another said, "They work brilliantly, treat him like the young man he should be. All the staff are really nice." They also said, "When [person] was poorly they were really loving and caring with him."

We observed strong caring relationships between staff and the people they supported. People told us "I like the staff… you can have a joke with them." Staff told us that they were committed to the people they supported. One staff member told us, "I get on really well with [person]"and, "I love it here, I wouldn't go anywhere else." Relatives told us that they felt their family members were happy. One relative said "Everyone who lives there gets on well together, it just seems like a happy place."

People and their relatives were actively involved in making decisions about their care and support. Relatives and professionals spoke very highly about the way that staff communicated with people who used the service. One relative told us, "Staff explain things over and again. Person understands a lot better than before." Staff told us that some information, such as for reporting abuse and complaints, was available in an easy read format but that more was being developed including pictorial care plans.

People told us that staff supported them to be as independent as possible. They told us about staff helping them to carry out household chores, shopping, with finances and meal preparation. We observed people hanging out their own washing and getting ready to go shopping with staff.

One person told us, "I can do more since I moved here." Another told us, "If you wanted to learn anything they would show you what to do to start off with. They've shown us how to make meals and to wash the right loads, so they don't mix." One relative told us, "They give [person] a little bit of independence, they've improved with that." People told us that staff supported them to take public transport and staff had helped other people to get appropriate mobility vehicles. Staff told us that prior to one person having a mobility vehicle they were very limited to where they could go as they could not access other transport and staff had to push them everywhere in the wheelchair.

Staff supported people to have pets and looked after these when the person went away on holiday. One person told us, "They [staff] said of course we'll look after your budgie. It wasn't any problem." People told us it meant a lot to them to be able to keep a pet and have help to look after their animals.

Staff were not rushed and had dedicated time to spend with people. Staff told us that they had supported people emotionally and that the main way they did this was by spending time listening to the person. For example, they told us they talked to one person who had high anxiety, they discussed the reasons the

person was feeling the way they did and their anxieties reduced over time.

People and relatives told us people were treated with dignity and respect and had their privacy respected. One relative told us, "If [person] asks for the toilet, they take them. There is nothing embarrassing whatsoever. They give them their privacy and dignity." Staff had received training in treating people with dignity and respect as part of their induction and on-going training. Policies and procedures supported the importance of treating people with respect. We observed staff knock and ask if they could enter people's flats or houses and we were told that personal care was always carried out in private.

We looked at the arrangements in place to ensure equality and diversity and to support people in maintaining relationships. Policies were in place that were embedded in practice through training and staff meetings. We saw that people were supported to attend social and religious groups as well as maintaining contact with their friends and family. Relatives told us that the service kept in regular contact with them and supported them being part of the person's life. We saw that staff had spoken with people about their sexuality in a supportive and non-judgemental way.

People were supported and encouraged to access advocacy services if these were required. Details of local services were available and accessible to staff and people who used the service.

Staff protected people's confidentiality by ensuring personal information was secured when not in use and by having sensitive conversations in private. There was a policy on confidentiality and staff were made aware of this through their training.

Good

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments. People's care records were person centred, which means the person was at the centre of any care. Records reflected who and what was important to the person, their histories, likes, dislikes, needs and strengths. For example, staff were given guidance on how to support one person living with autism to prepare their meals in the way they wanted to avoid causing them distress. People were involved in developing their care plans and said they knew they could look at their files if they wished. Relatives we spoke with also said they felt involved in their family member's care and that they felt the care met the person's preferences.

We saw that care plans and risk assessments were reviewed regularly. Staff were proactive when people's care changed or if there might be future changes. For example, the team leader had contact a healthcare professional as they had seen something on the internet about possible changes to prescriptions for topical medicines and paracetamol. The team leader had asked if a forward strategy could be put in place so that the person would never experience a delay in receiving the medicines they required.

Assessments were completed when people joined the service which asked people about their hobbies, interest and aspirations. These included any spiritual, cultural or religious beliefs and how staff could assist the person in consideration of these. Support was available to people when they wished to take part in social activities. People we spoke with told us they took part in Christmas outings and meals, day trips and were supported to go on holiday. Staff worked flexibly so people could visit events which were of interest to them. These included visits to; discos, sports groups and local churches. Staff ensured people had bus passes where they could be accompanied by staff at no additional charge. This reduced costs but also ensured people were supported to travel to their own activities. One person with autism had been supported to attend small live music events because they loved music and gradually staff had worked with them and planned so that they could attend a large music festival. Their relative told us, "They take [person] all over to see bands, shows, stock car racing. They have quite an active social life. It's very nice."

Staff supported people to have contact with the wider community through volunteering opportunities. For example, one person worked in a charity shop and plans were in place for another person to begin volunteering in an animal shelter. People were supported by staff to maintain contact with people who mattered to them to prevent social isolation. For example, staff ensured people could visit their families, often supporting these visits or enabling people to go by ensuring they had the right medicines with them.

Staff were trying to promote more social interaction between people who lived near to each other but in their own flats. One person told us, "[Team leader] came up with the idea of a barbeque and client meeting. I think it's a good idea. Some don't socialise but that is their choice." Other people also told us they liked having this opportunity to socialise more with their peers and saw it as an improvement to the service.

People were given as much choice and control over their lives as possible. Choice was offered to people in a way they would understand. For example, staff told us, "Person has choice, for example food, we just give

two choices as [person] understands this. They pick where they want to go and what they want to do each day."

Staff developed new working patterns in response to people's needs. We saw an example of this which had resulted in an improvement in the person's wellbeing. Staff developed a shift system which changed over at 8am, as the person found the handover period unsettling and responded more positively to a new member of staff on a morning. There had been a reduction in recorded incidents with this person since this change was introduced. Staff told us their shifts often changed to accommodate people's activity choices and that they worked as a team to manage these changes.

People told us they knew how to complain and that they felt any complaints would be dealt with to their satisfaction. There were policies and procedure to respond to complaints, however none had been received. No one we spoke with raised any concerns about the service. One person told us, "I'd see whoever was on duty, they'd pass it on to [team leader] and if they couldn't deal with it they would pass it on to a more senior person." One relative said, "I've no concerns, if there's been any kind of problem staff ring me, they deal with things as they come up so they never become a big problem." A compliment had been logged and shared with the staff it related to.

A policy and procedure was in place regarding supporting people towards the end of their lives, which was part of the induction training programmes for new staff. Additional training was available for staff when required. The policy had been written with consideration of the guidance on palliative care produced by the Department of Health and protocols that had been approved by the National Institute for Clinical Excellence (NICE). Although there was no one nearing the end of their life staff were aware of the risks associated with people's health conditions. One person had a care plan to ensure their health condition was monitored by staff. Another person had been supported to find insurance to cover the cost of their funeral arrangements.

Good

Is the service well-led?

Our findings

People told us they thought the service was Well-led. They told us they had regular contact with team leaders, the staff who oversaw the day to day running of the service and had no concerns about how the service was managed. One person told us, "I've known [team leader] a long time…they're good". They also said, "I met the service manager, they were doing a health and safety audit." Another person told us, "The service is alright. The best thing is I know people…I like it here." A relative told us that, "Staff are extremely helpful. They've always got time for you." A healthcare profession told us "[Team leader] is fantastic, goes above and beyond. I can't speak highly enough of them."

There was a registered manager in post who had managed the service since it was registered. 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. Staff we spoke with were positive about the management arrangements and the registered manager. One staff member told us, "We still have links with the registered manager, she's been there for us."

There were clear lines of accountability within the organisation. The registered manager and two service managers worked closely together and were accountable to the Nominated Individual. The Nominated Individual told us that National Care Group who own the service were "very supportive" and helped them to share good practice with the other services in the group. For example, a newsletter for positive stories had been introduced, which was shared with the managers and at staff meetings. However, because of the changes in management arrangement not everyone we spoke with knew the management structure, some people were not sure who the registered manager or the nominated individual were. They did however state that this did not have any effect on them directly and that they received all the information they needed and were confident in the running of the service.

There was an open and positive culture that invited feedback in a variety of formats to improve the service. People's views were gathered at review meetings and using quality questionnaires. 'Client' meetings had recently been introduced where the service was delivered to people living together in a block of flats. One person told us, "Just started having client meetings, we went to one about a month ago." We found that people were satisfied with the service and felt it was planned and delivered how they wanted and needed it. Staff feedback was encouraged through regular supervisions, team meetings, questionnaires and through observations and discussions as part of the audit process. The agenda items for the team meetings included; people who used the service, training, quality, health and safety, policies and procedure and feedback. Staff satisfaction was high and staff told us their concerns were listened to.

The provider had put in place new governance arrangements. Each management role was delegated tasks to check quality and compliance with CQC's regulatory requirements. Audits were carried out, actions taken, and checks were in place to monitor the completion of the actions. These were detailed and robust checks covering all aspects of the service. We saw that these checks were not fully imbedded in all area of the service yet as staff needed support to be involved in these but that recent checks had been made under the

previous auditing system.

The registered manager kept their knowledge of current guidance and legislation up to date and shared this learning with staff through supervision and staff meetings. The registered manager had signed up to updates from; NHS, NICE, Skills for Care, Care Providers Alliance, National Dignity Council and Mental Health and Learning Disabilities Forums to ensure their knowledge stayed current in these areas. They also attended a learning disabilities forum hosted by the local authority and had attended events on assistive technology, supporting children through the transition to adult's services and workshops around positive behaviour support. The service had completed a Public Health England Health 'Charter for social care providers self-assessment tool' to gauge their performance and where developments could be made. We saw that actions had been set with future deadlines for completion.

The registered manager had plans to develop the service including introducing forums for people who used the service and involving people in recruitment and auditing. They also planned to introduce champions roles for key themes in the service, such as MCA. A champion is a member of staff with an enhanced knowledge of a subject who shares learning and skills with other staff.

The service worked in partnership with a range of professionals and agencies such as; the local authority, doctors, dentists, podiatrists, occupational therapists and community nurses. We saw that trusting relationships had been built which meant that staff could make requests for more flexible input from other professionals. For example, staff asked for a private room and for staff from the service to stay with the person in hospital, these requests were met because there was trust that staff had in-depth knowledge of the person's needs and circumstances.

The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities and statutory notifications were submitted in a timely manner.