

Elmcare Limited

Oakwood Bungalows

Inspection report

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Date of inspection visit:
15 January 2020

Date of publication:
04 March 2020

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Oakwood Bungalows is a small care home providing personal and nursing care with 11 people using the service at the time of the inspection. The service supports up to 11 people with autistic spectrum conditions and/or learning disabilities, who may have behaviours that challenge and associated complex needs. There is 24-hour nursing care provided, with a sleep-in provision each night by a registered nurse, in addition to the care staff on duty.

Services for people with learning disabilities and or autism are supported

The service recognises the principles and values that underpin Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that was appropriate and inclusive for them. The service was bigger than most domestic style properties and registered for the support of up to 11 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs to indicate it was a care home.

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

People were safe, staff understood how to protect them from avoidable harm. The provider assessed and managed risks to people well including supporting where behaviours were challenging. Personalised risk management plans allowed people to take positive risks while protecting them from harm. When things did go wrong, they learned from this to improve risk management plans. There were sufficient staff who had been recruited safely, with checks in relation to references and criminal records. Medicines were managed safely.

People received consistently good care that was effective to their needs. People were supported by staff who were knowledgeable and suitably trained. People's healthcare needs were monitored to ensure their day to day needs were met. Assessments and care plans for people were clear, included best practice guidance and were reviewed to ensure any changes were documented and shared with the staff team. The service involved people in decisions about their care. People used equipment and technology to ensure they could do things independently. People were supported to make choices for their meals and their nutritional needs were considered. Health care needs were reviewed, and action taken to promote people's wellbeing.

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

People's views had been obtained to drive improvements. There was a homely atmosphere and people had

been encouraged to decorate and enjoy their environment as they wished. People had established positive relationships with staff. There was a strong person-centred culture throughout the service. Staff were compassionate, respect was shown to people and their dignity choices and preferences were adhered to.

People were involved in developing their planned care and support. People were supported to lead independent lives where possible. Information was provided in formats that were accessible to people. Complaints and concerns were comprehensively recorded and fully Investigated with lessons learned and action taken appropriately. Information was stored securely and confidentially.

The registered manager led by example and made sure staff were well supported and aware of their responsibilities. They used audits effectively, to reflect on any actions or trends and completed a detailed analysis from accidents or incidents which had occurred. Complaints were handled in line with the providers complaints policy.

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

Rating at last inspection

The last rating for this service was Good (published 2nd August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was extremely effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Oakwood Bungalows

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We gave the provider the opportunity to share with us information during the inspection. We reviewed any notifications we had received and sought feedback from the local authority and professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with members of staff including the registered manager, deputy manager, nurse, care staff, cook and the operational director. We observed during the day how the staff interacted with people who used the service.

We reviewed a range of records. This included four people's care records and two medication records. We looked at two staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visited the service and received further information from other care staff.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and the relative we spoke with, felt confident of safe care delivery. One person said, "I know I'm safe, staff look after me."
- Staff were clear as to the actions they would take and confirmed they had received regular training to recognise signs of abuse and confidently act to report this.
- There was information displayed around the service and policy documents which clearly described how to keep people safe and how to report any concerns.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing was assessed. People had individual risk management plans to minimise risks, these were personalised and detailed around any specific risk to the individual and their activities.
- At times, some people could behave in ways which may cause harm to themselves or others. Staff we spoke with were knowledgeable about the plans and actions to take in these circumstances. Staff were supported to learn more about the reasons for people's behaviours, and how to offer ways of support which reduced incidents of behaviour that challenged.
- Risks were assessed, and checks carried out to make sure the home environment was safe. People living at the service had a dedicated fire evacuation plan which they were involved in and went through monthly. One person who used the service, chose to attend the fire training with staff.
- The provider had access to a maintenance person who made sure repairs were made quickly when needed. A daily walk round was completed to identify and report any outstanding issues.

Learning lessons when things go wrong

- Staff kept detailed records of incidents, including the circumstances leading up to them and how effective any planned interventions were. This information helped the provider to learn from incidents and how to prevent and respond in the future.
- The registered manager was committed to driving improvement and promoted staff learning to support people more safely. This involved reviewing all incidents, adjusting plans where needed and feeding this information back to staff.

Using medicines safely

- Medicines were safely managed. Medicine systems were organised electronically, and people were receiving their medicines when they should. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.

- Detailed protocols were in place for as and when required medication (PRN) which gave staff clear guidance on when the medication should be taken. Individual arrangements were also in place to support people to manage their medication when required. For example, one person went home and required specific medication to go with them.

Staffing and recruitment

- There were sufficient staff to support people's needs. There was one-to-one staffing required for some people, rotas showed this level was met. The registered manager advised of occasional use of agency staff but tried to ensure the same staff supported the same people. We saw that staff had plenty of time to spend with people throughout the day, responding to support activities and providing assistance.
- The provider followed safe recruitment practices. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Disclosure and Barring Service (DBS) checks were in place. The DBS is a national agency that keeps records of criminal convictions. Recruitment processes were underway to supplement the current care staff team. Registered nurses were supported to maintain and meet their registration requirements and checks were completed to ensure these were kept up to date.

Preventing and controlling infection

- People were protected from the spread of infection. People were encouraged and supported by staff to be involved in maintaining a good standard of cleanliness throughout the service and supported in health promotion activities such as the importance of handwashing.
- The home had recently undergone a refurbishment program and appeared clean and hygienic with clear schedules in place to manage cross infection. Staff understood the importance of using protective equipment when required.
- The kitchen areas in both the main and attached bungalow were very clean and well maintained. All staff had completed food hygiene training to ensure they followed safe practices.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People received consistently good care tailored to their needs and preferences. People were fully involved in their assessments, which were comprehensive, including any specific likes and dislikes and protected characteristics in line with the Equality Act 2010.
- People were supported to achieve their goals and outcomes with support from staff. For example, one person wanted to go on holiday, but had struggled in social situations. Plans were made to assess how they could overcome this in order to achieve the desired outcome. Staff gave examples of how they ensured people were fully consulted and involved in their care. We saw examples of technology being used to promote some people's family involvement in their support and review processes.
- All assessments considered how to deliver care in line with current best practice and guidance. This included guidance relating to the National Institute for Health and Care Excellence (NICE). There were many examples, including the implementation for NICE guidance on oral health and the subsequent CQC report, Smiling Matters. This helped to improve awareness of the importance of oral healthcare for all.

Staff working with other agencies to provide consistent, effective, timely care; Staff support: induction, training, skills and experience

- Pre-assessment visits were completed, to gather information to support each person individually. A relative told us, "We were worried initially, it's such a big thing being away from home. But they checked everything and are very flexible. We couldn't have wished for a better place."
- External professionals were extremely complimentary about the care and support people received. One complimented the 'exceptional job' the service did when supporting a person to move long distance. This demonstrated how the service managed care when transferring between services well and minimised the potential risk of failed placements. Other healthcare professionals who responded to us were very complimentary about the staff. We were told they were, "Extremely well organised, with an excellent knowledge of all residents and they liaise regularly with our service."
- People and their relatives felt the staff were very well trained. One relative told us staff were simply brilliant. "Things we had struggled at home with...well the difference, we couldn't quite believe it." The knowledge and passion staff demonstrated for the care and support of people living at the service was exemplary. Staff completed BILD accredited training, which supports people with behaviours that challenge. Positive behaviour support plans were in place for all people requiring this level of support. All incidents were recorded and followed up by the registered manager.
- Staff gave positive feedback about their training, which was high quality and in line with current best practice guidelines. Supervision was held on a regular basis and staff told us they felt fully supported. The registered nurses within the service were supported to maintain and further develop their own clinical

practice to support their registration requirements. New staff received a full induction to get to know the service and people using it. One staff said, "My time here so far has been amazing and very rewarding." Another told us, "Though it can be hard at times, I know I will be supported and trained [to manage complex behaviours]."

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

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity had been assessed in relation to specific decisions. Staff had a good understanding of consent and what constituted a deprivation of liberty. People were fully involved in making and understanding decisions which safeguarded people from any unnecessary or disproportionate restrictions. One person who had been unable to join in any community activities prior to moving to Oakwood, due to previous restrictions in place was able to do so following interventions by staff setting small and measurable goals. This has had a huge impact on their well-being and sense of achievement.
- Staff were calm, supportive and professional when dealing with quite challenging behaviours. They understood and determined appropriate responses using least restrictive options. They used the 'Lalemand Behaviour Scale' a strategy used to recognise and diffuse episodes of challenging behaviour, demonstrating they had the skills and competence to support people in effective ways, by adapting strategies to ensure safe and effective care was delivered.

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

- People and relatives had been consulted during a full refurbishment of the service. The provider had considered people's preferences and sensory needs. An interior designer had supported people with mood boards to assist in picking paint colours and furnishings. A refurbished bathroom with specific lighting and water jets helped for those people who wanted to relax and enjoy their personal care, this was also helpful in reducing anxieties for some people.
- There was a one bedroom self-contained flat at the side of the property. We spoke to the person living there, "I like to be away from the others, to be able to do my own thing." They confirmed staff supported them to be more independent in activities. We were told of the significant achievements and improvements this person had made in their levels of health, self-esteem and wellbeing.
- A pictorial rota had been developed to support those people who needed to be more involved with their staffing. This was working well for several people who had developed anxieties about the provision of care from staff who were yet to arrive on shift.
- We saw the 'You said. We did' board contained issues raised by people living at the service and how these were resolved. For example, boosting the WI-FI so access was more available and the provision of a television streaming service.

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

- People were involved in choosing meals and often went shopping to purchase supplies. Menus included aids to enable people to try new foods for variety. Social occasions were recognised, meals out at local

restaurants as well as 'take-a-ways' were included as part of normal routines.

- If people were at risk of weight loss, we saw care plans clearly detailed any nutritional risk, support needed to eat and drink, and any individual preferences. Staff were proactive in supporting people to maintain a healthy balanced diet and were available to assist discreetly at mealtimes, as they also sat to eat at the table. When people had increased and complex needs with their diets, additional training had been provided. For example, peg care when someone required this level of support following a period of critical illness.

Supporting people to live healthier lives, access healthcare services and support

- People accessed healthcare, including specialist services. There were clear systems and processes to refer people to external services with effective individual support. For example, if something did not go well, staff considered what they could do differently to make the next appointment more successful.

- There was a strong focus on maintaining and improving people's health and wellbeing. One person, prior to using the service, often refused medication putting their health at great risk. Significant input over a period time, had resulted in the medication being regularly accepted and health issues had stabilised.

- Staff had all the information to meet people's day-to-day health needs. The service made sure they followed best practice and nurses worked alongside care staff promoting and supporting people's individual needs. Each person had a healthcare grab sheet, a personalised document with information about their health needs and how NHS staff could meet them in a person-centred way.

Is the service caring?

Our findings

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

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

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

- People were involved in making decisions about their care. People were encouraged to do things they wanted to do, with the support of staff. We saw examples of many activities and events people attended in the local and wider community.
- We saw staff help people take responsibility for different tasks required to support their daily living. One staff told us, "The care here is done really well, people are really supported, and their families can be really involved too if they wish."
- Staff were skilled at resolving conflict and tensions, we saw how the staff utilised different approaches and called on different staff to try to support people when they became agitated or upset.
- Regular resident meetings were held when they always discussed fire procedures, compliments and complaints. The service ensured people had support from advocates where needed. The role of an advocate is to represent the persons views when considering specific decisions.

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

- People had established positive relationships with staff. We observed staff interactions with people and relatives on the day of inspection and these included aspects of banter, as well as support and reassurance given with compassion and understanding.
- People were supported to meet their spiritual and cultural needs. One person was supported to attend activities which were important to them. We heard people talk to staff about topics which interested them and planning future social events.
- Staff showed a patient and tolerant attitude when supporting people. They demonstrated how to understand people with limited communication and were able to tell us the reasons behind some of the behaviours that had challenged the service.
- The registered manager told us they promoted inclusion. They supported people using the service to be involved in recruitment and often had people on the interview panel to support with questions for new applicants.
- The service had dignity champions (to ensure human rights were being upheld, independence promoted, and people were listened to) and had received 2018 Derbyshire Dignity Award which recognised providers giving a consistent experience of dignity and respect for all in their care.

Respecting and promoting people's privacy, dignity and independence

- People were actively encouraged to maintain relationships with those important to them. It was recognised how important regular contact with family and friends was. The service supported people with

equipment to maintain contact – one person used face time to support them to remain in touch with their family over the internet.

- Staff promoted people's privacy and confidentiality. Information about health and support needs was kept securely. Staff understood about data protection and told us information was only shared with others as needed. This ensured they were compliant with the General Data Protection Regulation (GDPR). This is a regulation which ensures people's data is protected to ensure privacy.

Is the service responsive?

Our findings

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

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

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

- People received high quality care which met their individual preferences and needs. People's preferences were placed at the heart of their care planning. Detailed instructions supported staff to care for each person and what was important to them. This meant staff could quickly become familiar with and support people in a meaningful way to achieve their full potential.
- Staff received a detailed handover prior to them commencing each shift which provided an overview of any concerns. Where people's behaviours had affected their ability to undertake activities, the nursing staff guided care staff in using consistent successful strategies to achieve their current goals.
- Feedback from health and social care professionals included, "The staff are particularly good at identifying subtle changes in behaviour which may indicate underlying physical problems." Another praised the service for, "Delivering care creatively, safely and respectfully."

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

- People were supported to follow their interests and take part in activities. This included support to spend time with their families and engage in what was important to them. Each person had their own social activities calendar that included activities such as attending the cinema, shopping, attending a night out at the theatre or simply for a meal.
- People accessed social events in their local community and went further afield for day trips. The staff researched what was available and provided access to these with company transport. We saw photographs of recent activities and trips which had occurred, and people told us how they had chosen to take part in these. A relative told us how they felt accessing activities empowered people to make the most of their lives.
- We saw examples of how the service supported people to achieve their 'hopes and dreams'. These were discussed and planned for each year and documented and shared when achieved. These included trips abroad, attendance at sporting and music events, or choosing to take part in specific activities. The registered manager told us they were proud of how people living at the service had embraced so many new experiences and were achieving their ambitions, building new skills and sharing life experiences.

Meeting people's communication needs

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

- People using the service had varying degrees of difficulty in expressing themselves. Staff worked with each

person, noting body language and verbal cues to support them to express their views and choices in ways which were unique to them and to maximise their involvement. A communication book detailed any appointments and a daily allocation sheet instructed which staff were required for activities.

- The provider worked with people, their families and others who knew them well, to gather information about people's communication needs. There were detailed instructions for staff about exactly how to support each person and several staff told us the communication between people, staff and management was exceptional. One staff member was even voluntarily supporting others in the use of Makaton which helps people who use only signs and symbols to communicate. No one at the service solely relied on Makaton to communicate, but it was felt important that staff could quickly become familiar with how to support other people who do use this in a meaningful way.
- Technology was used at the home as the service recognised the importance of this within everyday life. People had iPads or laptops they used to communicate with family and friends and the service had provided a streaming service for people to access TV shows and films.

Improving care quality in response to complaints or concerns

- Staff we spoke with told us they would deal with any concerns straight away and escalate anything they were unable to deal with. Relatives told us the staff had always contacted them if there were any concerns and as a result they had not had to make any complaints about the service.
- The provider had a complaints procedure clearly displayed and processes in place to act on any complaints which had been received. People and staff told us they were aware of the complaint's procedure, felt comfortable to approach the registered manager and were confident that their concerns would be taken seriously.
- Records showed where concerns had been raised, these were investigated following the company policy, with clear records detailing their actions in relation to the complaint and how they worked professionally to resolve the issue. and responded to in line with the policy.

End of life care and support

- At the time of our inspection this was not something anyone using the service was expecting to need in the immediate future. However, the provider had explored this topic sensitively with people and their families and gathered information in a 'When I die' booklet that would be important to people when this support was required. This included people's wishes and choices around how they would want their care to be, what music and flowers they would wish to have and any specific religious, or cultural needs they wanted to adhere to.

Is the service well-led?

Our findings

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

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

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

- People's needs were central to the support staff provided. People were positive about the care and support they received and told us they felt fully involved in their care. One person said, "I really like [staff name] they're just like me – we all get on, like family."
- People, relatives, staff and health professionals consistently gave extremely positive feedback about the service and the leadership there. The registered manager promoted a very positive environment within the service and shared their core values with the whole staff team.
- The service had a person-centred culture. People knew who the registered manager was and who they could go to with concerns. Staff created a friendly and relaxing atmosphere for people and were positive about their role in supporting people.
- Leadership was clearly visible, and several staff told us the registered manager was approachable and fair. One staff told us, "You can go with any problem whether it is work or personal – they are very passionate about their role."

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

- All staff understood their roles and responsibilities. Staff told us if there had been any mistakes or issues at the service, the registered manager always dealt with these openly and honestly. They worked together to ensure they all learned from any mistakes.
- The registered manager ensured we received notifications about important events, so we could check that appropriate action had been taken. This was done in an open and transparent way which helps us to monitor the service.
- The service is developing an employee assistance program with advice and counselling to further support their staff.

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

- We saw staff were clear about their role and responsibilities and were supported by a small management team to provide high standards of care. Staff told us they felt valued and proud of their achievements within the service.
- The provider had clear policies and procedures to promote best practice. The registered manager took time to explain to staff why these were important. There were a range of audits completed to reflect on the

quality of care and when improvements, or changes to processes were required.

- Staff had opportunities to discuss and reflect on incidents with the registered manager when things went wrong. They talked about what they could learn from this and what they could do to prevent things from happening again. Staff meetings and handovers were used to share information of any key issues within the home.
- The registered manager led by example, and all staff felt the registered manager was approachable, fair and honest. They told us the registered manager put the needs of the people living at the service first and worked closely with staff to ensure they felt completely supported and confident in their roles. One staff said the office had an open-door policy and they could discuss any concerns they had. One person went on to say they, "Would recommend this job and I thoroughly enjoy working here." and another said, "Everything is brilliant here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were involved in monthly meetings to discuss the service and give feedback. This improved outcomes for people, as staff were able to respond quickly and ensure effective support was delivered.
- The registered manager asked people, their relatives and staff for their opinions about the service from questionnaires which covered all aspects of the service and they used this to drive improvements.
- The registered manager offered support to staff after challenging incidents occurred and reflective practice was routinely carried out where staff were actively encouraged to consider their own mental wellbeing and recognise any actions they could do to support each another.
- The provider carried out regular checks of the safety and quality of the service to make sure people were receiving good care. They had systems in place to monitor this and to ensure staff had all the training and support they needed.
- The registered manager told us they felt well supported by the provider, in keeping up to date with best practice and sharing learning. Manager meetings were held within the organisation, to share information and drive improvement.

Working in partnership with others

- The service worked in a collaborative way to promote positive experiences when accessing external services. One professional told us, "They provided a creative response when dealing with some very challenging behaviours and ensured dignity was maintained for the person."
- The registered manager gave examples of how they provided care to ensure person-centred service was delivered in line with best practice. All communication with professionals is via the staff team due to the complex nature of peoples support needs. This information is then shared with the individual in a manner they can understand and relate to. Sometimes there is a further need for external healthcare professional support and guidance and this is then accessed to give this information.