Insight Specialist Behavioural Service Ltd

Aspley House

Inspection report

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Tel: 01795438856

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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

We carried out this inspection on the 17 November 2015, and it was unannounced.

Aspley House is a privately owned care home, providing personal care and accommodation for two adults with learning disabilities. There were two people living at the service at the time of the inspection. People had complex needs, including mental health and physical health needs. Aspley House and the registered service at 201 London Road work together as one. The services are across the road from each other. The registered manager and staff work at both services and the main office of the two services is at Aspley House. Aspley House is one of a group of five care homes owned by Insight Specialist Behavioural Service Limited.

People had a limited ability to verbally communicate with us or engage directly in the inspection process. People demonstrated that they were happy in their home by showing warmth to the staff that were supporting them. Staff were attentive and communicated with people in a warm and friendly manner. Staff were available throughout the day, and responded quickly to people's requests for care and support. We observed staff supporting people with their daily activities.

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. The registered manager is registered as the manager of both Aspley House and 201 London Road.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act (MCA) 2005 to ensure any decisions were made in the person's best interests. Staff were trained in the Mental Capacity Act 2005 (MCA) and showed they understood and promoted people's rights through asking for people's consent before they carried out care tasks.

Staff had been trained in how to protect people from abuse, and discussions with them confirmed that they knew the action to take in the event of any suspicion of, or actual abuse. Staff understood the whistle blowing policy and how to use it. They were confident they could raise any concerns with the registered manager or outside agencies if this was needed.

Clear guidelines were in place for staff to follow in order to support people with behaviours that may challenge. Staff demonstrated that they understood these guidelines and put them into practice to help minimise people's anxieties and behaviours.

Staff were knowledgeable about the needs and requirements of people using the service. Staff involved people in planning their own care in formats that they were able to understand, for example pictorial formats. Staff supported people with making arrangements to meet their health needs.

Staff were recruited using procedures designed to protect people from the employment of unsuitable staff. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

Medicines were managed, stored, disposed of and administered safely. People received their medicines when they needed them and as prescribed.

People were provided with food and fluids that met their needs and preferences. Menus offered variety and choice.

There were risk assessments in place for the environment, and for each individual person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. People were involved in making decisions about their care and treatment.

There were systems in place to review accidents and incidents and make any relevant improvements as a result.

The registered manager investigated and responded to people's complaints and people said they felt able to raise any concerns with staff.

Staff respected people and we saw several instances of a kindly touch or a joke and conversation as lunch was being made and at other times during the day.

People were given individual support to take part in their preferred hobbies and interests.

There were systems in place to obtain people's views about the quality of the service and the care they received. People were listened to and their views were taken into account in the way the service was run.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse by staff who understood the daily challenges they faced and how they communicated their needs.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Incidents and accidents were investigated thoroughly and responded to appropriately.

Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

Is the service effective?

Good

The service was effective.

People and their relatives spoke positively about the care they received. The food menus offered variety and choice and provided people with a well-balanced and nutritious diet.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Staff understood people's individual needs. They had received appropriate training and gained further skills and experience through extended training in behaviours that challenged.

Staff were guided by the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to ensure any decisions were made the person's best interests.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect. Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were comprehensive and records showed staff supported people effectively.

A broad range of activities was provided and staff supported people to maintain their own interests and hobbies.

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

Is the service well-led?

Good

The service was well-led.

The staff were fully aware and practiced the home's ethos of caring for people as individuals.

A system was in place to regularly assess and monitor the quality of the service people received, through a series of audits. The provider sought feedback from people and acted on comments made.

Visitors were welcomed and the registered manager communicated with people in an open way.

Aspley House

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 checked 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 the 17 November 2015 and was unannounced. The inspection team consisted of an inspector.

We examined previous inspection reports and notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

The registered manager assisted with the inspection process. We spoke with the registered manager, and four members of staff. We spoke with one relative and an advocate. We also contacted five health and social care professionals who provided health and social care services to people. These included local authority care managers, nurse assessors and commissioners of services. We looked at the personal care records for two people, medicine records; activity records, staff recruitment records and staff training records. We observed the care provided to people who were unable to tell us about their experiences.

At the previous inspection on 20 January 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People used facial expressions to indicate they had positive experiences and felt safe living at Aspley House. For example, they smiled when staff approached them. One relative said, "Yes, it is safe, it was the best move and it has worked out well". A social care professional commented that the service was safe and stated, "The staff are caring and responsive".

There were enough staff with the right skills and experience to care for people safely and meet their needs. Staff told us they worked at both services Aspley House and 201 London Road. The staff duty rotas demonstrated how staff were allocated to each service on each shift. The rotas showed there were sufficient staff on shift at all times. The registered manager said if a person telephones in sick, the person in charge would ring around the other carers to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. We saw that there were enough staff to supervise people and keep them safe. For example, there were sufficient staff on duty to enable people to go to planned activities, for example visiting relatives or going to the cinema. Staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. An advocate for one of the people told us that there was a stable staff group at the service, and that she saw the same faces when she visited. An advocate can help a person to express their needs and wishes, and weigh up and take decisions about the options available to them.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The company followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, confirmation of previous training and qualifications and written references had been obtained. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding. Successful applicants were required to complete a two week induction programme during their probation period, so that they understood their role and were trained to care for people safely. Staff we talked with and the recruitment records confirmed that the recruitment process had been followed as per the policy. One new member of staff said they had just started on their induction programme.

There was a safeguarding policy which staff followed. Staff were aware of how to protect people and the action to take if they suspected abuse. Staff spoke confidently about keeping people safe. Staff were able to describe the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people, so their knowledge of how to keep people safe from abuse was up to date. Management understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. The registered provider said, "If any concerns were raised, they would telephone and discuss them with the local safeguarding adult's team". We saw some examples of contacts made with the safeguarding team. All staff had access to the local authority safeguarding protocols and this included how to contact the safeguarding team. Staff

understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. People could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately.

There were a number of risk assessments in place for the people living at the service, and detailed risk assessments in place for all community activities. These activities included walking to the shops, going to the cinema, and going to visit family members. These risk assessments identified how many staff would be needed to support an activity and contact numbers in case of an emergency. The risk assessments were referred to each time a community activity was taking place. This meant that people were given opportunities to take part in activities because measures were put in place to ensure that they could do them safely. This balanced safety concerns with the rights of people to make choices and take part in activities they enjoyed. A health care professional commented, "The service is good at risk assessing to reduce and manage behaviours and thus keeping individuals as safe as possible".

There were challenging behaviour support plans in place and staff had received training about people's behavioural support needs. Information included specific triggers and how a person should be supported to become calm again after an incident. For example, "Night time support to be provided by three staff including at least one male member of staff". Staff confirmed that there was always a male member of staff on duty at night. This meant that people were appropriately supported and staff had clear guidance concerning how to help people if they became distressed, minimising potential risk from behaviours that challenged. An advocate for one of the people said, "The staff totally know what to plan for him, and how to stop challenging behaviour from escalating".

The registered provider and registered manager monitored accidents and incidents. The records showed that management were investigating and reviewing the reports and monitoring for any potential concerns. This ensured that risks were minimised and that safe working practices were followed by staff. A social care professional told us, that staff were proactive in reporting any concerns or incidents.

People were protected from the risks associated with the management of medicines and were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Appropriate assessments had been undertaken for people around their ability to take their medicines and whether they had capacity to make informed choices about medicines. Staff knew how people liked to take their medicines and medication administration records (MAR) confirmed that people received the medicines as prescribed. There was information for staff to read about possible side effects people may experience in relation to certain medicines. Only senior staff undertook the lead role for medicines. Staff who administered medicines received regular training. Staff administering medicines did this uninterrupted as other staff were on hand to meet people's needs. Staff knew how to respond when a person did not wish to take their medicine. Staff understood how to keep people safe when administering medicines.

The premises had been maintained and suited people's individual needs. Equipment checks and servicing were regularly carried out to ensure the equipment was safe and fit for purpose. Environmental risk assessments were in place to minimise the risk of harm. Other risk assessments included general welfare, slips trip and falls, and infection control. This showed us that the premises, equipment and work was regularly assessed and protective measures were put in place to support staff carrying out their duties safely.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled

serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced. Therefore people could be evacuated safely.

Good

Is the service effective?

Our findings

People indicated that staff looked after them well. They were relaxed and interacted with staff. One relative told us, "Staff understand him and are brilliant with him". A social care professional told us, "The last review we had was positive and the person had shown signs of improvements in their behaviour and had really settled well".

New staff inductions followed nationally recognised standards in social care and included specific training about learning disabilities and challenging behaviour. New staff received two weeks of induction training, which provided them with essential information about the challenges people faced living with a learning disability and their duties and job roles. This included shadowing an experienced worker, getting to know peoples' behaviours and things that may trigger this until the new member of staff was assessed as competent to work unsupervised. Staff had completed or were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard.

Staff received refresher training in a variety of topics such as moving and handling and food hygiene. The staff training record showed all the training that staff had received. Staff were trained to meet people's specialist needs such as, autism and Asperger's. They also completed practical training in behaviours that challenge and behaviour intervention. Staff said the training they undertook, enabled them to give people the support they needed. Staff told us they were supported through individual one to one meetings and appraisals. These provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. In this small service staff saw and talked to each other every day.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use these in practice. People's consent to all aspects of their care and treatment was discussed with them or with their legal representative as appropriate. We observed that staff asked people's consent before assisting with any personal care. Mental capacity assessments had been completed as appropriate. These documented the ability of the person to make less complex decisions, as well as information about how and when decisions should be made in the person's best interest. The management team were aware of how to assess a person's ability to make less complex decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Management understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Clear guidance was in place for staff to support people who presented behaviours that could harm them or other people. The specific behaviours that the person may exhibit were clearly listed, together with the appropriate response that staff should take and information about what could trigger the behaviour. For example, "Food may make X anxious and may be display behaviours". People's changing needs were observed and recorded on a daily basis. The information was monitored and reviewed by staff. Any particular issues were discussed at a weekly clinical review meeting attended by the provider and senior staff. A member of the team assessed, reviewed and gave advice about how to support people with their behaviours. Their findings were then fed back into the person centred plans, risk assessments and behaviour guidelines to make sure that they were up to date. People's needs were monitored and reviewed on a regular basis to ensure that their needs were met.

People were supported to have a balanced diet. There were menus in place. The menu gave people a variety of food they could choose from. The quality assurance survey undertaken by the provider showed that people were offered choices over things they wanted in their life, for example what they ate. The staff knew people well and asked each week if people had any special requests or any requests. Staff supported people to make hot and cold drinks throughout the day. People were offered choices of what they wanted to eat and records showed that there was a variety and choice of food provided. People were weighed regularly to make sure they maintained a healthy weight. One relative told us, "They provide a variety of food, and it is all home cooked".

The registered manager had procedures in place to monitor people's health. Health action plans had been discussed with people and completed. Referrals were made to health professionals including doctors and dentists as needed. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People's health and well-being had been regularly and professionally assessed and action taken to maintain or improve people's welfare.

Good

Is the service caring?

Our findings

Staff had good relationships with people. Due to people's varied and complex needs they had a limited ability to understand and verbally communicate with us. We observed the way that staff interacted with people living at the home and found that they responded sensitively to their needs. One relative told us, "They have absolutely got the gift of him, it is a wonderful place". A health care professional commented, "The service is very caring and proactive and responsive in enhancing quality of provision for individuals".

Staff recognised and understood people's non-verbal gestures and body language. This enabled staff to be able to understand people's wishes and offer choices. We found that people's social and emotional needs were considered and catered for as well as their physical care needs.
Staff chatted and joked with people and ensured that the people felt comfortable. An advocate for one of the people said, "Lovely staff, one of the nicest places I go".

There was a relaxed atmosphere in the service and we heard good humoured exchanges between staff and people. We saw gentle and supportive interactions between staff and people. Staff demonstrated an understanding of people's diverse needs and were able to tell us about non-verbal actions and signs that people used to communicate their needs. All members of staff regularly spoke with each person who lived at the service throughout our inspection. This demonstrated that staff involved people and this in turn helped to promote their well-being.

Relatives told us they always felt welcomed when they visited and had been involved in planning how they wanted their family member's care to be delivered. Relatives felt involved and had been consulted about their family member's likes and dislikes, and personal history. People indicated through facial expressions and gestures that staff knew them well and that they exercised a degree of choice throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. We observed that people could ask any staff for help if they needed it. People were given the support they needed, but allowed to be as independent as possible too.

The staff recorded the care and support given to each person. People were encouraged to discuss issues they may have about their care. We saw that when people talked to staff or with the registered manager they were listened to. Each person was involved in regular reviews of their person centred plan, which included updating assessments as needed. The records of their care and support, which were both written and pictorial, showed that the care people received was consistent with the plans that they had been involved in reviewing.

Relatives told us and we saw that people's privacy and dignity was respected. Staff knocked on bedroom doors and waited for a response before entering. Staff gave people time to answer questions and respected their decisions. Any support with personal care was carried out in the privacy of people's own rooms or bathrooms. Staff supported people in a patient manner and treated people with respect. Requests for help or attention were responded to promptly by staff.

Staff spoke to people clearly and politely, and made sure that people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to choose the décor for their rooms and could bring personal items with them. We saw people had personalised their bedrooms according to their individual choice.

People had one to one time, where any concerns could be raised, and suggestions were welcomed about how to improve the service. Relatives told us that they could talk freely to the registered manager. One relative said, "The manager keeps me informed about everything". The registered manager followed up on any suggestions or any concerns raised and took appropriate action to bring about improvements in the service.

Information about people was kept securely in the office and the access was restricted to senior staff. When staff completed paperwork they kept this confidential.

Good

Is the service responsive?

Our findings

Staff told us that people received care or treatment when they needed it. Relatives told us, "They (staff) support him to come for a home visit once a fortnight", and "I would go and speak to the manager if I had any concerns, but I have none".

People and their relatives or representatives had been involved when assessments were carried out. People's needs were assessed and care and treatment was planned and recorded in people's person centred plan. There were comprehensive needs assessments in place, detailing the support people needed with their everyday living. Person centred plans contained clear instructions for the staff to follow so that they understood how to meet individual care needs. One relative said, "Staff are very aware that he has no road sense, and are careful when walking along a main road". The staff knew each person well and was able to respond appropriately to their needs in a way they preferred and was consistent with their plan of care. A health care professional commented, "I feel the provider does this very well considering the complex needs of the individuals being supported".

The person centred plans included detailed information about support needs relating to communication, health needs and how to help people experiencing anxiety. Person centred plans were written in easy to understand plain English, and this meant that they were clear and understandable. It showed that people's needs were clearly documented for the staff that supported them.

People's goals and achievements were recognised and addressed by the staff. The level of support people needed was adjusted to suit individual requirements. The person centred plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People had their individual needs regularly assessed, recorded and reviewed. They and their relatives as appropriate were involved in any care management reviews about their care. An advocate for one of the people said, "They (staff) are proactive in helping him achieve".

People were supported to take part in activities they enjoyed. Records showed that people had the opportunity to access the local community such as walks, pub meals and visiting relatives. One record stated "I like my keyworker, she helps me choose cloths, plan holidays and do my paperwork". People told us they were able to celebrate events that were important to them, such as birthdays. We saw that people were supported to go out to their planned activities. Activities were individual to each person and staff described how they continually reviewed and developed activities by seeking feedback from people. People's family and friends were able to visit at any time. We saw that people took part in independent living skills such as cleaning, making drinks and doing their laundry. This meant that people took part in home life and activities in the local community.

The service was adapted to meet people's individual needs. For example, bedrooms were decorated with posters and ornaments of their choice, demonstrating an understanding of person centred care.

There was a policy about dealing with complaints that the staff and management followed. This ensured that complaints were responded to. Complaints received by the service were dealt with in a timely manner and in line with the provider's complaints policy. People were given information on how to make a complaint in a format that met their communication needs. For example, in large print and pictorial format. Staff told us that people showed their concerns in different ways either verbally, or by facial expressions and different behaviours. Concerns were dealt with at the time they were raised by people. Relatives told us that if they had any concerns they would speak with the registered manager. They said they had no concerns. The registered provider said that there had been no complaints made. He said any concerns or complaints would be regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. Relatives told us they knew how to raise any concerns and were confident that the registered manager dealt with them appropriately and resolved these. A health care professional commented, "As and when concerns arise, responses are prompt and effective at minimising disruption".

Good

Is the service well-led?

Our findings

Relatives and staff told us that they thought the service was well-led. Relatives said that they had no concerns and that the registered provider was approachable and very helpful. One relative said, "Cannot praise them enough". Staff commented, "We all work together", and "It is a good company to work for". An advocate for one of the people said, "The manager is really professional and there is always staff training going on".

Relatives and health and social care professionals spoke highly of the registered provider, and staff. A health care professional commented, "The manager and above are all very aware of the needs of the individuals. Staff have a vast knowledge which they share with staff teams and lead by example". We heard positive comments about how the service was run. The advocate for one of the people said, "They are so professional, and so organised". Relatives said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people and visitors and listening to their views. The registered manager said there was regular contact with parents and families.

The provider had a clear vision and set of values for the service. This was described as 'Insight's philosophy of care is to offer clients the opportunity to lead a normal life and enable clients to have choice and control over their own lives'. The management team demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. From our observations and what staff told us it was clear that these values had been successfully cascaded to the staff. Staff were committed to caring for people and responded to their individual needs. For example, person centred plans, individual activity plans and bedrooms that had been decorated to the individuals taste.

The management team at Aspley House, included the registered manager and team leaders. The service support manager provided support to the registered manager and the registered manager provided support for the team leader and staff. We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to. Staff said that the management team were approachable and supportive, and they felt able to discuss any issues with them.

There were systems in place to review the quality of all aspects of the service. Audits were carried out to monitor areas such as person centred planning and accident and incidents. External auditing was carried out in relation to health and safety. There was a health and safety audit carried out on the day of the inspection visit. Appropriate and timely action had been taken to protect people from harm and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.

People were asked for their views about the service in a variety of ways. These included formal and informal

meetings where people were asked about their views and suggestions; events where family and friends were invited; questionnaires and daily contact with the registered manager, and staff. One relative commented, "They are a good team". People had regular one to one sessions with their keyworker to discuss their care and how the person feels about the service. A keyworker is someone who co-ordinates all aspects of a person's care at the service. These sessions were documented in the person's person centred care plan and agreed by them. Therefore, people were given appropriate information about their support at the service, and were given an opportunity to discuss and made changes as needed.

Communication within the service was facilitated through regular team meetings. Minutes of staff meetings showed that staff were able to voice opinions. We asked staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. Staff told us there was good communication between staff and the management team. The registered provider had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

Management staff were proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered provider understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

The providers of the service were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest levels within the organisation so that they were dealt with to people's satisfaction.