

St John's School & College

Preston Road

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

This inspection was announced. We gave short notice of the inspection as the care home is small and caters for people with autism who may require time to process a new person visiting their home. The inspection took place on 1 November 2017. We met with people living at the service at their college placement. This was the first inspection completed since the service registered in September 2016.

Preston Road is a small care home registered to provide personal care for up to six people with learning disabilities and autism. At the time of the inspection there were five people living at the service. Young people live at Preston Road as part of their college placement at St John's, who is the registered provider. Preston Road is one of a number of small care homes the provider has registered for young people to enable them to attend the specialist college and be supported to develop their independent living skills. The provider expected that young people would usually live at the home for up to three years. The service refers to people who live at their residential settings as 'learners' so for the purpose of this report we will also refer to them as learners.

The home had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Each person had their own room and shared a kitchen, lounges, toilets and bathrooms. .

There was a registered manager who is also the registered manager for several other small care homes run by the same provider. 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.

Learners were afforded choice and an opportunity to develop their independent living skills within a safe and homely environment. Staff were skilled at understanding learner's individual complex needs and wishes. Information was produced in accessible formats to enable learners to make choices.

Care and support was well planned, with risks being clearly identified with positive support plans being used to reduce learner's anxieties and behaviours which may place themselves or others at risk. Learners were supported in the least restrictive way; the policies and systems in the service supported this practice. Staff had received training on the Mental Capacity Act 2005 (MCA). We have made a recommendation in relation to ensuring they adhere to the requirements of the MCA.

There were sufficient staff with the right skills and experience to support learners to live the lives they chose, accessing the local community and enjoying a variety of activities and hobbies.

Learners were supported to maintain good health including enjoying a varied and healthy diet. Hospital

passports had been developed in easy-read formats to enable healthcare workers to provide the right support to people if they became ill.

People were kept safe and cared for by staff who were aware of their safeguarding responsibilities. Staff were safely recruited, trained and supervised in their work. They enjoyed their jobs; felt included and listened to in the running of the service. Staff were proud to work at Preston Road and spoke positively about the ethos and culture being open and inclusive.

Medicines were being safely managed although we made a recommendation in respect of storage of medicines. .

Learners, relatives and staff were actively encouraged to give their views and raise concerns or make suggestions, because the service viewed all feedback received as a natural part of driving improvement.

Learners were treated with kindness, respect and compassion. Learner's diverse and cultural needs were taken into account and planned for.

The service had quality assurance systems which enabled them to ensure that the service delivered support in line current best practice.

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.

Learners were protected from harm. Learners had confidence in the service they received and felt safe and secure living at Preston Road.

Risks to the health, safety and well-being of people were addressed in an enabling and proportionate way which promoted independence.

Staff had the knowledge, skills and time to care and support learners safely and consistently.

There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character.

The service had good systems to safely support learners with the management of their medicines.

Is the service effective?

Good ●

The service was effective.

The service ensured that learners received effective care that met their needs and wishes. Learners experienced positive outcomes as a result of the service they received.

Learners were supported in the least restrictive way; the policies and systems in the service supported this practice.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet learner's needs effectively.

Learners were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring.

The registered manager, provider and staff were committed to a strong person-centred culture where learners were encouraged to fulfil their potential.

Kindness, respect and dignity were key principles on which the service was built and values that were reflected in the day-to-day practice of the service.

Is the service responsive?

Good ●

The service was responsive.

Learners received a personalised service that was planned proactively in partnership with them and their family.

Learner's care was kept under continual review and the service was flexible and responsive to individual needs and preferences.

Learners were actively encouraged to give their views and raise concerns because the service viewed all feedback received as a natural part of driving improvement.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and the provider of the service promoted strong values and a person centred culture.

Staff were highly motivated and proud to work for the provider and were continually supported and developed to provide high quality of care. Staff were committed to the future of the service and making it the best it could be.

Robust quality assurance systems enabled the service to ensure that the service delivered support in line current best practice and always making sure that they put people at the very heart of every process.

Preston Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection was completed by one inspector on 1 November 2017. We gave short notice of the inspection as the care home is small and caters for people with autism who may require time to process a new person visiting their home. We sent an 'easy read' inspection poster to allow people time to understand why an inspector would be visiting. This information included how they could contact us via phone or by email. One person chose not to speak to us in person on the day, but gave feedback via email.

Prior to the inspection we reviewed all the information we held about this service. This included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

During the inspection we spoke with three learners, six staff including the registered manager and a care manager. We also looked at three care plans and risk assessments. We checked the systems used for administering medicines, including how staff were trained and how their competencies were checked. We looked at training and supervision records, audits and quality assurance systems. We checked three staff recruitment files.

Following the inspection we asked for feedback from relatives of learners who resided at Preston Road. We received two emails and had discussions via phone with two families. We also contacted three healthcare professionals and received feedback from one

Is the service safe?

Our findings

Three learners we spoke with said they enjoyed living at Preston Road and felt safe. One said "I like it there, yes I feel safe. Like going to KFC and getting the bus." One learner who emailed their comments to us said they also felt safe and enjoyed their time at Preston road. Relatives of learners said they had confidence in staffs' ability to keep their family member safe. Relatives felt staff had good skills, knowledge and experience to provide a safe and stimulating environment which met their relative's specific needs.

The provider had developed clear processes and practices which helped to ensure learners were protected from abuse. This included having a provider safeguarding team which included senior managers from different parts of the provider's organisation. There was one safeguarding lead who, together with several senior and middle managers plus medical representation, met weekly to review each incident form generated. They would discuss and decide if learners had been protected and whether further strategies were needed. For example one learner had on occasion bit their own hand. The safeguarding team reviewed these incidents to look at whether there was a pattern or specific triggers which may make the learner more likely to present with this behaviour. They then helped the residential team to develop a positive support plan to try to reduce this behaviour and limit the triggers. There was a specific safeguarding email address and contact number staff and learners could use which meant information did not have to wait for a weekly meeting to review incident forms. A poster with these numbers was available for learners and staff to refer to.

Staff understood what signs to look for where possible abuse may occur and were confident in the provider and safeguarding team's response. One staff member said "They (safeguarding team) are very hot on issues. I would report to my senior and know it would be followed up straight away." Some staff were less clear about who else outside of their organisation they could report any concern to. When we fed this back, the registered manager said they would ensure that other bodies' who staff could refer to was discussed as part of team meetings and one to one supervisions. The registered manager said where needed safeguarding alerts were referred onto commissioning bodies, police and safeguarding boards. There had been no safeguarding alerts raised in the last 12 months

The service had considered how learners should be protected from possible discrimination. Their risk assessments included considering learners vulnerability using the internet as well as the potential risk of extremism and radicalisation. Staff received training in understanding abuse, discrimination and how to keep people protected from possible risks. This included 'Prevent' training, which is specific government training. The 'Prevent' training aims to safeguard vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves.

Each learner had a comprehensive set of risk assessments to aid them, and staff working with them, to understand how to keep them safe. These included risks of behaviours which may place the learner or other in danger, such as physical harm or verbal aggression. The risks also covered impulse behaviours, risk of absconding, bullying, self-harm and vulnerability to others. Each risk was rated with possible triggers identified and what action staff needed to take to reduce risks. Staff confirmed they found the risk

assessments useful and used them to help inform their everyday practice. The provider information return highlighted the fact learners were supported to take risks and make mistakes. It said 'Mistakes are always seen as a learning opportunity and reflective logs (where appropriate) support in the development of such learning.'

Where learners had specific behaviours which may cause them or others distress or harm, there was clear guidance about how staff needed to work with each learner to reduce possible triggers and therefore the behaviours. The service worked on positive support plans to encourage learners to find other ways of dealing with frustrations and anxiety. For example one learner had been afraid of the fire alarms so the service had involved them in the checking of the equipment on a weekly basis. Learners used equipment such as an iPad to help to communicate their needs and wishes where their verbal communication was limited. Signs and symbols were used around the service to further aid learners to make sense of their environment. For example timetables of activities were in pictures and symbol form. Lots of photos had been used to help learners make choices in their everyday lives. Learners used Key fob technology to ensure learners could keep their rooms secure from others wandering in, without them having to carry a key.

There were sufficient staff with the right skills and experience to meet learner's' needs throughout the day and night. The service had assessed learner's needs and risks. Staffing was arranged over a 24 hour period to ensure learners were supported to get ready and travel to college, return and prepare an evening meal. Additional staff were rostered to ensure each learner had opportunities to pursue their individual hobbies and interests. Learners said there were enough staff to meet their needs. One said "I like (name of staff member) they are my keyworker, I like all the staff they help me with going out." Relatives said they believed there was sufficient staff available to meet learners' needs.

Safe recruitment practices were followed before new staff were employed to work with learners. This included obtaining a Disclosure and Barring Service (DBS) criminal record check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Learner's medicines were managed and administered safely. All medicines were safely stored and clear records were used to ensure medicines were administered to the right learner at the right time. Staff confirmed they had training which they updated annually in respect of medicines administration. One senior staff member said "New staff must complete training then be observed 10 times with the last observation being completed by the college nurse, before they are signed off as competent. We also do annual competency checks." The college nurse also came to the service to complete an independent medicines audit every six weeks. The provider information return showed there had been one medicines error in the last 12 months. Where learners had 'as needed' (PRN) medicines, a protocol was completed. This helped to ensure staff used PRN medicines in a consistent way. The service had clear guidance and protocols for when learners needed to take their medicines at times when they were outside the service. For example when they went to their family home for the weekend. Assessments were completed to assess the level of support needed for individuals to take their medicines. No one currently self-administered their own medicines, but processes were in place if a learner was assessed as being able to do so. Although records were kept of the temperature of the fridge used for medicines needing to be stored at cooler temperatures, the main storage cabinet temperature was not being monitored.

We recommend the service follow NICE current guidance in ensuring all medicines are stored at appropriate temperatures and that checks on these are recorded.

The service ensured there was training and support for staff to help them understand and follow safe

working practices in respect of infection control. As a small service all staff took part in cooking and keeping the service clean. Staff confirmed they completed training in infection control and basic food hygiene. There were cleaning schedules and audits to show how the team ensured the home was kept clean to a high standard.

Emergencies were planned for. For example each learner had a personal emergency evacuation plan. Lessons were learnt from mistakes and incidents. For example all staff were offered opportunities to de-brief following an incident of behaviour which may have challenged. Staff were all trained in safe holding and breakaway techniques. Staff said these were rarely used; they said instead they used positive support plans to de-escalate behaviours so they did not reach a point where safe holding was needed.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for this must be made to the Court of Protection. Nobody currently using the service had such an order.

We checked whether the service was working within the principles of the MCA. Whilst assessments regarding best interest decisions had been made and recorded, there were no mental capacity assessments to record why these were necessary. We also found that some learners were under constant supervision and would not be safe to leave the service without support. Some learners had variable capacity and should therefore be considered for Deprivation of Liberty Safeguards (DoLS). When we discussed this with the registered manager, she agreed she would action this with immediate effect. By the end of the inspection, they were already having discussions with the local DoLS team assessors.

We recommend the service follows guidance related to the MCA 2005. in relation to those learners who do not have the capacity to make decisions for themselves.

It was clear from daily records, discussions with staff and learners, that staff understood the ethos and principles of MCA; they ensured learners had as much control as possible over their own lives. Learners were supported to be independent and goals were set and monitored which would further enhance this. For example, some learners were working towards being independent using public transport.

Learners said their needs and wishes were being met. One said "I like to go on buses, I like to go shopping, staff help me with this." Another said they enjoyed watching films as a way of relaxing and staff helped them put on the favourite DVD when they returned from college. Staff confirmed learner's needs and wishes were always taken into consideration when planning each shift. Staff were allocated to ensure learners could do their preferred activities and interests.

Each learner had a comprehensive assessment prior to them coming to live at the service; this covered all aspects of their care and support needs. This included the learner's physical, emotional and social needs. Where possible, previous caregivers had been involved and families confirmed they had also been fully involved in the assessment process. This detailed assessment ensured that staff understood learners' needs and wishes and could therefore plan for these. The provider had recently achieved national accreditation with the National Autistic Society and also used British Institute for Learning Disabilities (BILD) for training. This ensured support was being delivered in line with current good practice and evidence based guidance to achieve effective outcomes for learners with complex needs.

Staff were skilled, experienced and well supported to provide the most effective care. Staff confirmed they received a comprehensive set of training, some of which was renewed annually. Training was completed in a variety of mediums. Some training was completed by staff on line and some was hands-on and classroom based. As well as covering all aspects of health and safety, more specialised topics were covered. These included epilepsy, autism awareness including visual and auditory experience. Staff were also encouraged to gain national qualifications in care as well as more specialised qualifications. For example some staff had completed research in obsessive compulsive disorders. All staff completed LGBT training and the whole organisation was working towards the Rainbow award. This is a national award which recognises that a provider, school or college promotes LGBT in an inclusive way.

New staff were given a comprehensive induction and completed the Care Certificate (recognised as best practice training). The HR department said newly appointed staff could not start work until they had completed on line training and been signed off for this. This covered areas such as safeguarding and health and safety topics. Staff confirmed induction training worked well and staff did not become part of the shift until they felt confident. The registered manager explained that each new staff member would complete a number of shadow shifts with more experienced staff members and these would continue until the staff member understood the role and learner's complex needs.

Staff received regular supervision and an annual appraisal. These took place in one to one meetings, competency checks and staff meetings. This gave an opportunity to discuss further learning needs and gave staff feedback on their work performance. Staff confirmed they felt supported to do their job effectively. One staff member said "My line manager meets with me every month to talk about how the job is going. We talk about how well I am working with learners and any issues I have. I find this really useful. Of course if I have any issues before this meeting I can go to them or any of the other seniors. It is a very supportive team."

Learners were supported to stay healthy and have access to healthcare services. Care plans and daily records showed specialist healthcare support had been sought and guidance used when needed. For example in dealing with epilepsy. The college had a nurse who assisted the staff team to develop and review seizure protocols. Each learner had a specific hospital passport which gave other healthcare professionals clear information about the learner and how to provide care, treatment and support to them. This included the learner's communication needs, which may be complex and require additional resources in order for them to understand treatment choices. For example pictures and photos to help explain a particular procedure. Relatives said they were confident that their family member's healthcare needs were fully considered. One said "We are kept informed of any changes to their health. The team are very good at keeping us in the loop." The provider information return stated 'Healthy lifestyle is promoted and supported by the wellbeing team, which comprises of nurses, OT's & SaLT. Menus are chosen by the learners and they are encouraged to make healthy choices by the staff supporting them. The nursing team oversee the general health of the learners and where appropriate seek the advice of GP's and other specialists if required.' A review of records showed how this worked in practice. Any guidance from healthcare specialists helped to inform care plans and the way staff worked with learners.

Learners were supported to maintain a healthy balanced diet, taking into account their likes, dislikes and favourite foods. This also took into account learners specific cultural needs and wishes. For example one learner enjoyed noodles for breakfast as well as a variety of other specific food choices. Learners were encouraged to have choice with menu planning and some were working towards a goal of choosing a meal and cooking for friends. Staff used individual communication methods to assist learners in making meal choices. This included using photos and symbols as well as videos. Learners were also encouraged to make meal choices when out and about in the local community and frequently enjoyed a takeaway in keeping with normal home life. If learners had particular dietary needs these were highlighted within their care plan

and taken into account when menu planning.

Preston Road is a small care home registered to provide personal care for up to six people with learning disabilities and autism. At the time of the inspection there were five people living at the service. The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. They helped to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Each person had their own room and shared a kitchen, lounges, toilets and bathrooms. One room was used as a sensory room and quiet room for learners who may wish not to be in their own bedroom but did not want to be in busier communal areas. Information for learners was available in pictures and symbols to ensure it was easy read and accessible to them.

Is the service caring?

Our findings

Learners said they were treated with respect and kindness by staff who supported them. Learners were not able to state this directly, but their discussions and actions showed they were comfortable and enjoyed the company and support of the staff who worked with them. Similarly relatives said staff were kind and compassionate towards the learners who resided at Preston Road. One relative said "(name of learner) has a new keyworker who phones us regularly. We can tell by the feedback they give that they are working well with (name of learner). They (staff) understand his needs and know what to do to reassure him when he becomes anxious."

Staff spoke about learners in a positive and enthusiastic way. Staff did not concentrate on learner's complex needs but spoke about what they enjoyed doing and what their positive attributes were. For example one staff member said "I really enjoy working with (name of learner), they have such a good sense of humour, and they really brighten up my day. It's not like coming to work at all." Staff had detailed knowledge of learners likes dislikes and what was important to them. Staff talked about working in ways which ensured learners important routines were honoured whilst also encouraging them to try new things.

Learners were treated with respect and dignity at all times. Staff were able to describe ways in which they worked to ensure this was part of their everyday practice. For example always knocking on people's doors before entering, allowing learners to process information and waiting for their response without rushing into the next question or instruction.

It was clear the provider and service gave staff the time, training and support to provide care and support in a compassionate and personal way. For example ensuring there were high staffing ratios on each shift which allowed staff to spend quality one-to-one time with individual learners. This in turn enabled staff to have the time to work with learners to process information and be able to have maximum choice and independence where possible. For example working with learners on personal goals to achieve more independence in personal hygiene. This was only achievable with high staffing ratios to enable staff to spend the time giving learners time to develop these skills.

Care and compassion was also extended to family and staff. One relative said "They have been incredibly supportive. It is not easy to let go of your child." Staff were supported in a variety of ways. All staff had opportunities to de-brief when their shift had been difficult for them. Staff said they felt the service and provider were really caring and supportive. Shift plans and handovers showed staff were not simply task focussed but looked holistically at learner's needs and what they wished to do and planned around this. It was clear that staff worked in a way which showed learner's views mattered and they were at the heart of things.

Advocacy services were utilised to ensure learners were enabled to have a real say if needed. The service had regular meetings for learners to air their views. For some this was more difficult so key workers spent time with the learner trying to understand from their actions what they enjoyed and what things did not work so well. Staff said they had a flexible approach to ensure views of learners were taken into account. For

example on the evening of the inspection most learners had planned to go out to a firework party. The staff team said this was flexible and if learner wished to stay in or do something different, this would be facilitated.

Is the service responsive?

Our findings

Learners received personalised care and support which was responsive to their needs. This was achieved by initially having a comprehensive pre-admission assessment which helped inform the care plan and goal setting for each learner. Learners did not comment on whether they had been involved in their care plan and review of these. Relatives confirmed they had been involved in the process and two spoke about attending reviews and having input into future goals.

The provider information return highlighted that support plans covered all areas of a learner's life, including preferences, communication style, behaviour, sexuality, culture, religion. Plans were reviewed at least 12-weekly to ensure that any changes and progression were captured, responded to and support was adapted accordingly. Learner views were recorded on the support plan where appropriate. The aim of the service, working alongside the Positive Behaviour Support Model was to enhance the quality of life for each learner. In order to achieve this, the learner has to remain central to all support and their views were highly significant and were always taken into account. All learners had choice and control regarding activities that they would like to take part in as well as their educational timetable and work-based learning whilst at the college. All of these areas were based on the interests of the person. Where possible all suggestions from learners for activities were made possible. A variety of weekly enrichment activities were available (DJ-ing sessions, attending music concerts, eating out, bowling, laser quest, swimming & skiing) as well as those that required more planning such as trips to London museums, Chessington and trips on trains and buses to places which interested the person. Learners confirmed they took part in a wide variety of activities which they helped to choose and included their areas of passion and interest.

Developing and maintaining relationships was seen as an important part of the learner's daily life and skills development. As such, staff worked with learners to enable them to stay in contact with family and friends using email, Skype and phone calls. The staff team were sensitive to learners being able to tolerate their fellow learner housemates and when considering they ensured the mix was right for everyone. Earlier in the year they had had a learner who was moved as they were more suited to another residential setting from within the same provider. As learners sometimes did not cope well with changes, no additional learner had joined the home. The staff team and management wanted to have a period for the learners to feel settled in their own home before thinking about a new learner being introduced. This responsive approach ensured learners' emotional needs were being fully considered.

Support plans clearly identify what individual learners specific communication needs were. This included how best to communicate with individuals. For example asking staff to use simple instructions, only giving one or two choices and allowing plenty of time for the learner to process information. Learners had menus and daily activity programmes in accessible formats that they could easily understand. This enabled them to know what choices they were able to make and what to expect from each day. Staff said they found support plans really useful. They said that having information available to learners in accessible formats was paramount to ensuring learners could make sense of what was going on in their day to day lives.

The service had a complaints process also available in an accessible format. This was posted on the hallway

of the home. Learners did not comment on whether they felt able to make their concerns or complaints known. Relatives said they were confident that any issues, concerns or suggestions would be listened to and acted upon. One said they had raised some small issues and these had been dealt with appropriately. The provider information return showed there had been no complaints in the last 12 months.

Is the service well-led?

Our findings

Relatives and professionals gave us positive feedback about the quality of care provided and the management approach. One relative said "I have been impressed with the managers, staff and whole organisation. This is exactly what my relative needed. A service which really understood the needs of people with autism and are working to make it as an inclusive service as possible." One healthcare professional commented that the managers always responded quickly to any feedback requests and that reviews had been well organised.

The leadership team were forward thinking and inclusive. They worked proactively with other organisations to ensure that they were following best practice. For example they worked with BILD to promote best practice in working with learners who have behaviour which others may find challenging. They had also been accredited with the National Autistic society. The provider had forged strong links with local businesses and the local NHS to enable learners to have work placements and paid employment.

There was a clear vision and ethos of promoting independence for learners within a safe person-centred environment. The vision and values were shared by all staff and were clearly embedded into their everyday practice. The staff team were clear about individual learner goals and the wider ethos of the whole organisation. Staff were proud to work at the service and felt their job was worthwhile. One staff said "I really enjoy coming to work; it's great to see these guys grow and develop. I feel our team have helped to do this and so that's motivating."

The provider information return gave examples of how they included staffs' ideas and shared best practice. It highlighted the fact staff took part in the annual self-assessment and were encouraged to highlight strengths and weaknesses. Team meetings encouraged new ideas and discussing development opportunities. There was also the opportunity for staff to work in other houses to develop their knowledge and promote the sharing of ideas and ways of working across the service. Staff had input into developing rotas. There was a culture of openness and transparency and this was discussed through the safeguarding induction training. Staff were given a very strong message that the needs of the learners must always be the priority and therefore challenging the practice of others was a way to achieve this. The residential management team were clear that whilst mistakes might happen, they encouraged the team to be open about mistakes, supported them to reflect and ensured that lessons were learnt.

The registered manager was meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.

Learners, relatives and staff were asked their views and encouraged to have their say through a variety of ways. The service held weekly meetings for learners as well as individual one to one sessions with the learner's keyworker. Family were encouraged to maintain contact, attend reviews and complete surveys about the quality of care and support being provided. Staff and relatives said they felt their views and opinions were listened to. Staff had weekly team meetings, detailed daily handovers and one to one supervisions to discuss their role share ideas and best practice.

The service had systems for ensuring quality monitoring was a continual process which included external and independent audits. This included auditing records in relation to support plans, medicines and management of money. There were also audits in relation to ensuring the environment was kept clean and safe for learners and staff.