

Dolphin Homes Limited

Caroline House

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

About the service

Caroline House is a nine-bedded residential care home that was providing personal care to people who have a learning disability, sensory impairment, physical disability and health care needs.

The service was registered to provide support to up to nine people and there were nine people using the service at the time of our inspection. The service is larger than recommended by best practice guidance. However, we have rated this service good because the provider had arranged this service in a way that ensured people received person-centred care and were supported to maximise their independence, choice, control and involvement in the community.

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

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.

The service applied the principles and values of 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 that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

We observed sufficient staffing levels during the inspection and saw staff were unhurried in their interactions with people. The provider had appropriate policies and systems in place to protect people from abuse. Staff received regular support and supervision and were trained to meet the needs of people living at the service.

People received their medicines as prescribed and there were safe medicines administration systems in place. The home was clean and tidy, and staff were trained in infection control. The provider had processes in place to learn from incidents and accidents and to ensure that people were supported safely.

Comprehensive care plans identified people's needs and the choices they had made about the care and support they received. The provider supported staff to deliver care and support in line with best practice guidance and to support good outcomes for people. The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. People told us they liked the food and had enough to eat and drink.

There was a strong emphasis on person-centred care. Staff were friendly and caring when supporting people and staff spoke about people with genuine interest and affection. Staff proactively supported people using their preferred communication methods to be involved in making decisions about their care. People

were supported with individualised activities.

The provider had an 'open-door' culture and staff were positive about the registered manager. The registered manager demonstrated an open and positive approach to learning and development. There was a strong culture of organisational learning to help drive ongoing improvements. People and staff were encouraged to regularly feedback about service delivery and share ideas and suggestions on how the service could be improved.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 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 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 ●

Caroline House

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

Caroline House 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This all helps to support and plan our inspections.

During the inspection

Some people at Caroline House were not able to fully share with us their experiences of using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We spoke with three people who used the service. We spoke with five members of staff

including the registered manager, the area manager, the deputy manager and two care workers.

We reviewed a range of records. This included one person's care records and three people's medicines records. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed a range of records. This included three people's care records, three staff files in relation to recruitment and staff supervision. We looked at training data and quality assurance records.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- People's support plans contained detailed risk assessments linked to their needs. These explained the actions staff should take to support people safely in their preferred ways. For example, there were very detailed, and clear, moving and handling support plans in place which ensured people were supported safely.
- People had a personal emergency evacuation plan (PEEP) which was person-centred and detailed the support needed to leave in an emergency. Contingency plans were in place and staff were aware of what to do in the event of a range of emergencies.
- People were protected from risks from the environment such as poor sanitation, unsafe use of chemicals and waste disposal. The environment and equipment were safe, well maintained and the appropriate checks, such as gas safety checks and wheelchair safety checks, had been carried out.
- Fire safety was managed. Fire risk assessments showed that actions identified had been completed. Fire drills had been held regularly.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate policies and systems in place to protect people from abuse. Staff understood their role in protecting people from abuse and knew how to raise concerns both within their organisation and beyond, should the need arise, to ensure people's rights were protected.
- The registered provider had an equal opportunities policy which outlined staff and management duties in ensuring people were treated equally, with respect, as individuals and protected from discrimination. This helped to keep people safe and challenge any discriminatory practice.

Staffing and recruitment

- There were sufficient staff to meet people's needs and keep them safe. We observed sufficient staffing levels during the inspection and saw staff were unhurried in their interactions with people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community. We spoke to staff who confirmed there were sufficient staffing levels.

- Staff files contained the information required to support safe recruitment decisions and protect people from the employment of unsuitable staff. We saw how people were supported to be involved in recruitment. The provider had created easy read recruitment question prompts to support people to participate in the interviewing of prospective candidates.

Using medicines safely

- People received their medicines safely in line with their preferences and by staff who knew them well.
- Protocols were in place to guide and support staff on the use of medicines prescribed 'as required' (PRN medicine). This meant staff had access to information to assist them in their decision making about when such medicines could be used, for example if people were in pain.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection. Staff were trained in infection control and food hygiene.
- Personal protective equipment, such as gloves and aprons, were used by staff to protect themselves and people from the risk of infection. Support plans promoted good practice
- The environment was clean, spacious and uncluttered during our inspection.
- The registered manager carried out infection control audits. Where any concerns were identified, these had been acted on.

Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- The registered manager had good oversight of incidents and accidents. The provider had an effective electronic system in place which enabled the registered manager to be able to respond to, and manage, incidents promptly.
- We saw evidence of trend analysis of incidents taking place. For example, we saw how the registered manager had collated and analysed information relating to incidents for one person over a defined period of time to aid the best outcomes for that person.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to work within the principles of the Mental Capacity Act. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 11.

- People's consent, and ability to make specific decisions, had been assessed and recorded in their support plans.
- Where people lacked capacity to make certain decisions their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. For example, in the management of their medicines.
- Staff demonstrated their awareness and understanding of their responsibilities under the MCA. People who lived in the service had been assessed and DoLS had been appropriately applied for and authorised.
- Staff gave us examples of how they ensured people were involved in decisions about their care. Care records evidenced that staff knew what they needed to do to make sure decisions were taken in people's best interests if there were doubts about a person's capacity to make specific decisions. We observed that people were supported to have maximum choice and control of their lives.

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

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs.
- Records showed initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they had any cultural or religious beliefs or needs which needed to be considered when planning for their support. People were asked about their needs in relation to their sexuality and this fed into their support plans appropriately. For example, one person told us how they were supported to maintain their relationship with their significant other.
- Support plans were kept under review and amended when changes occurred or if new information came to light.

Staff support: induction, training, skills and experience

- There was a strong emphasis on the importance of training and induction. Staff new to care completed a robust induction process which included the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to. All new staff received a range of training to help ensure they had the necessary knowledge and skills to do their jobs.
- Staff had received the training and updates they required to successfully carry out their role. For example, all staff had completed first aid, MCA, fire and health and safety training. We observed staff seeking people's consent throughout our inspection before carrying out support required of them.
- Staff had attended training considered mandatory by the provider. Staff confirmed training they undertook was useful for their role. Specialist training was also provided. This included moving and handling, epilepsy and medicine administration. One staff member told us, "The training is a big part of why I work for this company."
- Staff received regular supervision meetings and an annual appraisal of their work performance with the registered manager. We saw that this provided staff opportunities to discuss their performance, development, training needs and provide feedback on the service.

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

- People told us they liked the food and had enough to eat and drink. We saw people being offered drinks and food and were given choices.
- Staff were aware of people's food preferences, likes and dislikes and made sure these were available. Where people required their food and fluid to be prepared differently because of medical need or problems with swallowing this was catered for.
- Information on people's weight was kept up to date in their care records and was monitored. The registered manager told us how they ensured people who were losing or gaining weight were referred to the most appropriate healthcare professionals when required. This was supported by the information in a person's care planning records which detailed the input from a dietician in relation to a concern identified by the staff team.
- The kitchen and dining area were spacious and fully accessible to people. We observed one person accessing the sink in their wheelchair to wash up dishes following their evening meal independently.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups with their GP or other healthcare professionals overseeing their specialist health needs. For example, the dietician.

- People's individual health plans set out how people's specific healthcare needs should be met. For example, people's oral healthcare needs were assessed and personalised oral care plans in place. People were supported with visits to the dentist based on their assessed needs.
- Staff liaised with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information when needed. There were regular visits to the GP when people felt unwell.
- There was a close working relationship with local authority professionals. The provider sought advice from appropriate professionals where the service needed further support in meeting people's needs. This included the local speech and language therapist (SALT) team, demonstrating the provider promoted people's health and well-being.

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

- People had personalised bedrooms which reflected their individual interests and preferences. One person confirmed to us that they had chosen the décor in their bedroom and chosen the paint colour and theme.
- Caroline House had been adapted to meet the needs of the people living there and was fully accessible for people. For example, it had a lift that was maintained and appropriate for people to use and an accessible garden. However, there was some required maintenance that when completed would enhance the environment.
- There was evidence of planned improvements to the environment with people's involvement. One person told us how they were being supported to re-design their personal bathroom to meet their needs to enable them to use it more independently. Staff confirmed people's involvement in improving the décor of communal areas.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People told us they were well treated. Interactions between people and staff were kind, caring, positive and warm. The staff chatted with people in a friendly and respectful way. One person said, "I get asked what I would like" and confirmed that they were listened to.
- People told us how staff helped them to stay in touch with their family and friends. For example, one person was supported to maintain relationships with their loved ones using video calling.
- We saw people being supported using their preferred communication methods and staff demonstrated an awareness and understanding of people's communication needs. We saw positive communication interactions between people and staff. Staff, and the registered manager, demonstrated their knowledge and skill to effectively communicate with people using both verbal and non-verbal communication.
- People's care records contained detailed personal histories and information about their likes and dislikes and individual preferences including their cultural and spiritual needs. Staff used these to get to know people and to build positive relationships. Staff were able to give us information about people without needing to refer to their support plans.
- People were supported to express their views throughout our inspection. People were supported in the kitchen to make their preferred meal, snacks and drinks and supported to whichever place they wanted to go to. Staff responded quickly and appropriately to their needs.
- People told us, and records showed, that people were offered opportunities to be involved in reviews of their care. People were consulted about who they wanted to be present at reviews. We saw how people's preferred communication methods were used to support them to be involved. However, we did observe that the recording of people's non-verbal communication responses could be more consistently recorded.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, listened to them and respected their choices. Staff upheld people's dignity when supporting them. They did not enter people's rooms without first knocking to seek permission to enter.
- Staff and the registered manager gave people their full attention during conversations and spoke with people in a considerate and respectful way.
- People's support plans contained detailed information about their needs. These explained the actions staff should take to promote and maintain people's independence. For example, people had personalised equality and diversity support plans which detailed their individualised support needs in relation to equality and diversity and also detailed how they wanted to be supported to maintain their independence.

- For example, one person was supported in an innovative, personalised, way by the service to have a valentine's date with their significant other at a local restaurant which promoted their independence.
- Staff understood the importance of respecting people's privacy. For example, one person was supported to have time with their significant other on their own and had an electronic call system they could use to enable them to alert staff when they wanted them.
- Care records and other confidential information were stored securely in the service.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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; 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

At our last inspection the provider had failed to maintain accurate, complete records in respect of each service user. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- People had support plans in place, which reflected their current needs. People were regularly involved in writing and reviewing their support plans. There was an emphasis on supporting people to identify goals they wanted to achieve. For example, one person was being supported to work towards completing training courses they had identified as a goal.
- Support plans covered all aspects of people's daily living, care and support needs. Support plans were personalised, and each person's preferred personal care routines were detailed incorporating their preferences.
- People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Staff were able to describe the care and support required by individual people. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly.
- We observed people being supported with personalised activities by staff using warm and kind approaches. During the inspection we observed two people being offered a choice of activities they could access outside of the home and they told us how excited they were to do their chosen activity before they left the home. We saw others being supported with one-to-one activities of their choice within the home.
- People were supported to do activities of their choice and had access to a range of activities including sensory activities, arts and crafts, puzzles, music, shopping, cinema, theatre and bowling. One person was supported to attend their preferred church regularly.

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.

- Communication needs were recorded in care plans and provided information and guidance on how best to communicate with people who had limitations to their communication.
- Information was shared with people and, where relevant, available to people in formats which met their needs. For example, the 'service expert report' was in user friendly format, which enabled people to understand it and easy read complaints literature was available for people.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to take proportionate action in response to failures identified by the complaint or investigation. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 16.

- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. People confirmed they knew how to complain if they needed to. One person told us, "If I have any concerns I can talk to [registered manager's name], or to [relative's name] or CQC (the Care Quality Commission)."
- The registered manager was pro-active in ensuring they were visible within the home and operated an open-door policy. They ensured that any low-level concerns were dealt with promptly, preventing escalation, and led a clear culture of learning. We observed people, and the registered manager, interacting and it was evident that they were familiar and knew each other well.
- We saw complaints received had been recorded, and responded to, with the action taken in response in line with the provider's policies and procedures.
- At our last inspection we found that not all complaints were held centrally in one file. At this inspection we found that all complaints were held in one place. This meant that complaints could be reviewed effectively for any emerging trends, themes or patterns.

End of life care and support

- The service was not supporting anyone at the end of their life.
- Care records demonstrated that discussions with people and their relatives about end of life plans had taken place and some people had these plans in place.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to have effective systems and processes in place to monitor and mitigate risks to people and maintain an accurate, complete record in respect of each service user. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- The provider, and registered manager, had in place a quality audit system to monitor the service. Weekly and monthly audits for all areas of the service were in place. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the registered manager. Areas audited included infection control, health and safety and medicines. The registered manager was responsive in making improvements to these audits to make them more robust. For example, the checks in relation to fire safety.
- Staff had access to policies and procedures which encouraged an open and transparent culture within the service. Staff told us information on safeguarding and equality and diversity was easily available in the office.
- The provider, and registered manager understood the responsibilities of their registration. Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- When things went wrong or there were incidents, the registered manager was open and transparent about these and informed people, relatives and commissioners as appropriate. We saw an easy read letter of apology had been sent to a person following an incident. The registered manager told us, "It is accepting that things can go wrong at times but apologising and taking action to address it." This demonstrated that the registered manager understood their responsibilities in relation to the duty of Candour.

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

- The organisations visions and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. We observed that staff understood and cared for people in a manner that was in keeping with these principles and during the inspection staff were relaxed and happy and engaging with people consistently, using people's preferred communication methods.
- There was a positive culture and the relationship between management, staff and people was good. People and staff told us the registered manager was approachable. Staff told us that management had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. One staff member told us, "[Registered manager's name] is really approachable. If you need to see him, you can just come up."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us that they were able to share their ideas and felt listened to. Comments from staff included, "[Registered manager's name] is really good at listening, he encourages ideas" and "They've been the most supportive bunch of people, blown me away. So supportive."
- One staff member told us how the registered manager had listened to one of their ideas to support the staff team to develop their awareness of the principles of the MCA. We observed how effective this had been when staff demonstrated their understanding and awareness through their conversations with us during the inspection.
- Communication within the service was facilitated through staff meetings. Areas of discussions were medicines, documentation and staff training. Feedback from the meetings was used to improve the service provision.
- The provider had systems in place to receive feedback about the service, including surveys. These were sent to people, staff, and relatives. The provider had also introduced 'quality auditors' where people would visit the provider's other services to audit the quality of care and provide written feedback. One of the people living at Caroline House was involved in this initiative and the registered manager told us how much their contribution was valued by the organisation and how this had had a positive impact on driving improvements.
- In addition, feedback was gathered using informal chats and regular meetings. We observed one person engaged in an informal meeting with the registered manager about the changes they wanted to make to their bedroom to enable them to use it independently. This included adaptations such as lowering the height of the light switch so they could reach it. The registered manager recognised how important this was to the person and actively engaged in the discussion, they provided assurances on how this would be achieved for the person.
- The provider and registered manager understood and valued the key principles of Registering the Right Support guidance. For example, the design of Caroline House was of a similar design to other domestic homes in the area. The provider's ethos and strategy was about promoting independence and they had taken steps to align the service model to increase and maximise independence. For example, there was a separate bungalow where two of the nine people lived where the service promoted increased autonomy and independence for these people.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider demonstrated a proactive and positive approach to keeping themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes.
- The registered manager contributed and participated in local forums, to learn from others and share good practice. For example, the registered manager had identified from the people at Caroline House that the

annual surveys for people were not as inclusive as they could be and had added this to the agenda for review at the organisations next best practice forum.

- There was a strong culture within the organisation of shared learning and development. The provider signed up to events and conferences in the local area to help them learn and evolve as well as building a rapport with commissioners and others outside of the organisation. We saw how shared learning in relation to the recording of mental capacity assessments and best interests' meetings had been implemented across the organisation.

- Staff supported people to access support provided by external agencies. People had access to many professionals, including GPs, dieticians, dentists and others. We saw how the service had worked in partnership with a person's GP to review their prescribed medicines.

- Staff told us they felt supported and how much they had valued a training course about one person's specific health condition. The registered manager had invited the person's relative to share how the person had personally been impacted by their health condition. One staff member told us, "It was really nice having [person's relative's name] there, he told us about [person's name's] upbringing and life. Made it very personalised."