Options Autism (8) Limited

Options Vernon

Inspection report

10 Maltravers Drive
Littlehampton
West Sussex
BN17 5EY

Tel: 01903716619
Website: www.outcomesfirstgroup.co.uk

Date of inspection visit:
11 January 2018
12 January 2018

Date of publication:
28 February 2018

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 was Options Vernon first inspection since registering with the Care Quality Commission as a location under a new provider company, Options Autism (8) Limited.

The inspection took place on 11 and 12 January 2018 and was unannounced on day one. Options Vernon provides care and accommodation for up to 14 people with learning disabilities.

The service did not currently have a registered manager in post. 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. However, an interim manager was currently overseeing the service and interviews for the permanent post of registered manager were planned for February 2018.

We met and spoke with 12 people during our visit. People were not all able to fully verbalise their views and used other methods of communication, for example pictures. Due to people's needs we spent time observing people with the staff supporting them. A relative said, "[Person's name] is happy and safe there." Another relative said, "Couldn't be in a better place." A healthcare professional commented that when they saw the person they supported they always looked happy and comfortable.

Staff had completed safeguarding training and staff had a good knowledge of what constituted abuse and how to report any concerns. Staff knew what action to take to protect people against harm and were confident any incidents or allegations would be fully investigated.

People had support from sufficient levels of staff to meet their needs. Staff had completed suitable training and had the right skills and knowledge to meet people's needs. New staff completed an induction programme when they started work and staff competency was assessed. Staff also completed the Care Certificate (A nationally recognised training course for staff new to care) if they did not have any formal care qualifications. Staff confirmed this training covered the Equality and Diversity policy of the company. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people.

The company's website states; "Options Group (the provider company that own Options Vernon) successfully provides person centred services to vulnerable people, and as such all programmes of care/support, education/learning and therapy are individually tailored and subject to thorough risk assessment and planning." People's risks were assessed, monitored and managed by staff to help ensure they remained safe. People's safety was paramount. Information on all significant events and incidences had been document and analysed. Evaluation of any incidents had been used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback from relatives, professionals and staff had been sought to

assess the quality of the service provided.

People lived in a service which had been designed and adapted to meet their needs. The service was roughly divided into two living areas. Four people lived upstairs with their own bedrooms, kitchen, laundry and bathroom areas. People lived in an environment that was clean and hygienic. The environment had been assessed to ensure it was safe and meet people's needs. The service was monitored by the interim manager and provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.

People were supported to live full and active lives and were able to access a wide range of activities that reflected people's interests and individual hobbies. People were given the choice of meals, snacks and drinks they enjoyed while maintaining a healthy diet. People had input as much as they were able to in preparing some meals and drinks. People who required assistance were supported in a respectful and dignified way.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were up held and consent to care was sought.

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received medicines training and understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to external health and social care professionals, such as physiotherapists. This helped to ensure people's health and wellbeing was monitored and appropriate actions taken.

People's care records were detailed and personalised to meet individual needs. Staff showed they understood people's needs and responded when needed. People were not all able to be fully involved with their support plans, therefore family members or advocates supported staff to complete and review people's support plans. People's preferences were sought and respected.

People's emotional and behavioural needs were recognised and met. People were treated with kindness and compassion by the staff who valued them. People were engaged in different activities during our visit and enjoyed the company of the staff. People were busy and there was a happy and relaxed atmosphere within the service.

People's family told us they were always made to feel welcome. People visited family with staff support. Families spoke very highly of the staff supporting their relatives.

People's equality and diversity was respected and people were supported in the way they wanted to be. Care plans were person centred and held full details on how people's needs were to be met, taking into account people preferences and wishes. Information included people's previous history, including any cultural, religious and spiritual needs.

People who had complex communication needs had these individually assessed and met. Staff informed us how they changed their approach to help ensure each person received individualised personal support.

People's end of life wishes were documented to help ensure staff understood people and families wishes if required.

People lived in a service where the provider's values and vision were embedded into the service, staff and culture. Relatives, professionals and staff spoke positively about the interim manager and the company. The interim manager was committed and passionate about the service, including the people and staff, and the company they worked for. Staff also spoke passionately about the people they cared for and the respect they held for people.

People benefited from an interim manager who worked with external agencies in an open and transparent way and there were positive relationships fostered. A professional spoke highly of the two way working relationship they had with the service. The interim manager kept their ongoing practice and learning up to date to help develop the team and drive improvement. They notified the Commission of significant events which had occurred in line with their legal obligations. For example, regarding safeguarding concerns, and injuries.

The provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

This service was safe.

People, felt safe. People were protected from abuse and avoidable harm.

People received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

Risks had been identified, assessed and managed appropriately. People were protected by the provider's infection control policies. People lived in a clean and hygienic environment that had been updated to meet people's needs.

People's safety was important. If things went wrong, the provider learnt from mistakes and took action to make improvements.

Is the service effective?

Good

The service was effective.

People's equality and diversity was respected.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought.

People received individual support from staff who had the knowledge and training to carry out their role.

People could access health, social and medical support as needed and received a co-ordinated approach to these needs.

People were supported to maintain a healthy and balanced diet.

People lived in a service which had been designed and adapted to meet their needs.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and treated people with dignity, respect and compassion. Staff supported people to be as independent as possible.

People were involved as much as possible in decisions about the support they received and their independence was respected and promoted. Staff were aware of people's preferences. If people were unable to be involved advocacy service were involved.

Staff understood their role to help protect people's equality, diversity and human rights to support people individual needs.

Is the service responsive?

Good

The service was responsive.

People received personalised care.

People's complex individual communication needs were effectively assessed and met.

People and families where supported to make comments or raise concerns to help improve the quality of the service.

People and families where supported to record peoples individual end of life wishes.

Is the service well-led?

Good

The service was well led.

People lived in a service whereby the providers' caring values were embedded into the leadership, culture and staff practice.

Relatives, professionals and staff spoke highly of the interim manager and management team of the service and company.

The interim manager kept their ongoing practice and learning up to date to help develop the team and drive improvement.

People benefited from a manager who worked with external health and social care professionals in an open and transparent way.

There were systems in place to monitor the safety and quality of the service. Relatives and professionals views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

Options Vernon

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 undertaken by one inspector on 11 and 12 January 2018 and was unannounced on day one. This was followed up with phone calls to relatives of people who used the service.

Prior to the inspection we reviewed information we held about the service, and notifications we had received and the previous inspection report.

During the inspection we met and spoke with 12 people who lived in the service, the interim manager, provider and eight members of staff. We also spoke to with one visiting healthcare professional and four relatives.

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

We looked around the premises and observed how staff interacted with people. We looked at records which related to people's individual care needs, records which related to the administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

Staff and relatives confirmed there were sufficient staff to help keep people safe. A relative said; "Very safe, very happy and content." While another said; "Safe and very happy." The visiting professional agreed the service provided safe care.

People who lived at Options Vernon were not all able to fully verbalise their views and used other methods of communication, for example pictures and symbols. Some people had complex individual needs that could challenge others. We therefore spent time observing people as they were supported by staff. We spoke with staff, relatives and a healthcare professional to ascertain if people were safe.

People had sufficient numbers of staff employed to help keep people safe and make sure their needs were met. We observed staff meeting people's needs, supporting them and spending time socialising with them. Staff confirmed additional staff were made available when needed, for example for any appointments. Staff said; "Plenty of staff to keep people safe."

People were protected from abuse and avoidable harm as staff understood the company's safeguarding policy. Staff completed training in how to recognise and report abuse to help ensure they kept people safe. Training covered what action to take if staff suspected people were being abused, mistreated or neglected. Staff said they would have no hesitation in reporting any concerns to the interim manager, provider or any external agencies, such as the local authority.

People's individual equality and diversity was respected because staff had received training and put their learning into practice. Staff completed the Care Certificate (a nationally recognised qualification for staff new to care) and confirmed they covered equality and diversity and human rights training as part of this ongoing training. People did not face discrimination or harassment. People had care records in place to ensure staff knew how they liked to be supported.

People were protected by safe recruitment practices. Risks of abuse were reduced because the provider had a suitable recruitment processes for newly employed staff. Checks were carried out to make sure new staff were safe to work with vulnerable adults. Staff confirmed they were unable to start work until satisfactory checks and employment references had been obtained.

People, who had risks associated with their care, had them assessed, monitored and managed by staff to ensure their safety. Risk assessments were completed to make sure people were able to receive care and support with minimum risk to themselves and others. People identified at being of risk when going out in the community had up to date risk assessments in place. For example, staffing ratios were set according to the individual, but could be increased during higher risk times. People had risk assessments in place regarding their behaviour. For example, where people may be at risk of harm when undertaking certain tasks they were supported by two staff if appropriate. Where people may place themselves and others at risk, there were clear guidelines in place for staff managing these risks. These provided information that could help to reduce behaviours that may challenge others and reduce any distress or anxiety for people.

People's accidents and incidents were recorded. For example, people had been referred to the learning disability team for advice and support when there had been changes in their behaviour. Accidents and incidents were audited and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed that learning from such incidents took place and appropriate changes were made. The interim manager informed other agencies, including safeguarding, of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected.

People's finances were kept safe. People who needed it had appointees to manage their money. Money was kept secure and two staff signed money in and out. Receipts were kept whenever possible to enable a clear audit trail on incoming and outgoing expenditure and people's money was audited on a weekly basis.

People received their medicines safely from staff who had completed medicine training. Medicines audit were carried out and people were supported to help administer their own medicines. Medicine practices and clear records were kept to show when medicines had been administered. People were prescribed medicines on an 'as required' basis. There were clear protocols in place to instruct the staff when these medicines should be offered to them and when additional support, for example further advice from the doctor was needed. Records showed that these medicines were not routinely offered but were only administered in accordance with the instructions in place.

People lived in an environment that was clean and hygienic. Protective clothing such as gloves and aprons were made available to staff to help reduce the risk of cross infection. Staff had completed infection control training. This meant staff had the knowledge and skills in place to maintain safe infection control practices.

People were provided with a safe and secure environment. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of an emergency. Care plans included up to date personal evacuation plans and held risk assessments which detailed how staff needed to support individuals in the event of a fire to keep people safe. Staff checked the identity of visitors before letting them in.

The provider worked hard to learn from mistakes and ensure people were safe. The provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were well supported and trained. The interim manager ensured the staff team completed mandatory training courses so people's needs could be met by a staff team that had the right skills and knowledge. Staff were satisfied with the training opportunities and informing us there was regular training and updated training offered. Training courses included epilepsy and the Care Certificate (A nationally recognised training course for staff new to care). New staff received an induction prior to commencing their role, to introduce them to the provider's ethos and policy and procedures. Staff received supervision and team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve.

People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed a variety of professionals were involved in their care, such as learning disability nurses and GPs. For example, any changes in people's behavioural needs referrals were made to the learning disability team/nurses for additional advice and support to help ensure the staff were supporting people effectively.

A health care professional said how well the staff had assisted them when they had visited to support someone who had a change in their health care need. This included arranging a visit to the service to support this person and the staff team. Relatives informed us the service supported people if they needed to attend any health appointments.

People's care files included a communication profile. This recorded each person's way of communicating and how staff could effectively support individuals. The service had communication boards in some people's personal space to assist people, for example displaying activities. People's "Hospital Passport", information which could be taken to hospital in an emergency, detailed how each person communicated to assist hospital staff in understanding people. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives.

People were supported to eat a healthy and nutritious diet and encouraged to drink sufficiently to maintain their health. Staff understood what people's nutritional needs were. Care plans provided clear guidance and direction for each person's individual requirements. For example, people who required assistance were supported in a respectful and dignified manner. People's special diets were catered for and staff were familiar with people's individual nutritional needs. People had care records that recorded what the staff could do to help each person maintain a healthy balanced diet. People had access to drinks and snacks 24 hours a day. This helped to ensure people received sufficient food and drinks.

People were supported to remain healthy. People were enabled to take part in a variety of activities to promote a healthier life, for example walking and swimming.

People identified at risk of future health problems due to long term health conditions, including diabetes and swallowing difficulties, had been referred to appropriate health care professionals. For example, the

speech and language therapist. The advice gained was clearly recorded and staff supported people with appropriate diet and suitable food choices. People had their weight monitored and food and fluid charts were in place when needed.

People's legal rights were upheld. Consent to care was sought in line with guidance and legislation. The interim manager understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Staff had received training in respect of the legislative frameworks and had a good understanding.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were not all able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their personal care tasks. Staff waited until people had responded using body language, for example, either by smiling or going with the staff member to their rooms.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment in bathrooms meant people could access showers more easily. Each person had their own bedroom and quiet area if people wanted time on their own or to see visitors. Four people lived on the first floor, where there was a separate lounge, kitchenette and living space for these four people.

Good

Is the service caring?

Our findings

The service was caring. One relative said; "He receives the best of care" and "[They are] very caring staff." The interim manager worked alongside staff to ensure they provided a caring service to people.

People were supported by staff who were both caring and very kind and we observed all staff treating people with patience and kindness. Staff told us how much they enjoyed their jobs and spoke about how much they cared about the people they supported. We saw people being supported when needed and people's privacy was also respected. People chatted with staff and staff always made time to listen and interact with people. Conversations were positive and we heard and saw plenty of laughter and smiles. Staff were observed to be attentive to people's needs. Staff clearly understood when people needed reassurance, praise or guidance. If people became anxious staff spent time, listening and answering people when they asked repetitive questions. Staff offered reassurance to people when needed.

Staff knew and understood people's particular ways of communicating and supported us when we met and talked with people. This showed us the staff knew people well. If people were unsettled and unsure about our visit to the service, staff offered additional support. Staff showed they clearly understood people's nonverbal communication and communicated with them in a way they understood. Staff were able to explain each person's communication needs, for example by the noises and expressions they made to indicate whether they were happy or sad. People had their own accessible communication tools in place. For example, there were communication boards with pictures of daily tasks. Staff, some who had worked at the home for a number of years, clearly understood each person's individual way of communicating.

People's needs in relation to their behaviour were clearly understood by all the staff and met in a positive way. For example, when people became anxious staff involved them in discussions and distracted them with more popular subjects. This provided reassurance to people and reduced any anxiety.

People's privacy and dignity was promoted. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated in respect of their sexuality. People's care plans were descriptive and followed by staff.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with staff and relatives. People, if possible, had their care needs met by the same staff member or group of staff members. This consistency assisted staff in meeting people's behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

People took part in a wide selection of activities and their preferences and social interests were recorded. People enjoyed a variety of activities most days and staff monitored these activities and people's behaviour during these planned activities. Staff understood when people did not enjoy an activity and this was discussed with other team members and an alternative found.

People's independence was promoted and respected by the staff. People assisted with housekeeping tasks if possible. Staff did not rush people with support offered at each person's own pace. Staff were kind and gave each person time, while supporting their independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed. People were allocated a key staff member to help develop positive relationships. This worker was responsible in ensuring the person had care records that were updated for staff to access to enable person centred care.

Some people liked to have specific routines and care was personalised around these and reflected people's wishes. For example, some people had routines in place to help reassure them. This enabled staff to assist people and care for them how they wished to be cared for. Staff knew people well and what was important to them such as how they like to spend their days.

People were not all able to express their views verbally. However, staff encouraged people to be as independent as possible. People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's relatives and friends were able to visit at any time. Staff recognised the importance of people's relationships with their family and promoted and supported these contacts when appropriate. This included staff supporting people to visit their family when needed even if this was in another county. One relative said; "I can visit at any time. I've always been made welcome."

Good

Is the service responsive?

Our findings

The service was responsive. People were supported by staff who were responsive to their needs. The company's website records; "We provide a person centred approach to education and care, looking at the full needs of the individual and adapting our interventions accordingly." A visiting healthcare professional informed us that the service was responsive to issues raised about one person's health need that the staff had arranged a visit for. One relative said the staff had responded promptly by contacting a GP when their relative had become unwell. People's individual care plans were person-centred, detailed how they wanted their needs to be met in line with their wishes and preferences, taking account of their social and medical history, as well as any cultural, religious and spiritual needs. People's care plans were reviewed and updated regularly.

People's care records held brief one page profiles and particularly about how to respond to people's care needs, behavioural needs and communication needs 'at a glance'. This information showed the service had liaised with other agencies to support people and enabled the staff to respond appropriately to people's needs. Staff understood people and had good knowledge about them. They were able to inform us how they responded to people and supported them in different situations. For example, if people became upset or showed behaviour that could be seen as challenging the staff, they responded quickly and appropriately to calm the situation.

People were not all able to be involved in the planning and reviewing of their own care. However, the service used independent advocates to assist people in making decisions where possible and family members were encouraged to be involved. People were well known by the staff who provided care and support and took account of individual needs and wishes. Staff told us how they encouraged people to make choices. For example, they encouraged people to choose their meals and drinks if possible. People were observed helping in the kitchen area. This helped ensure everyone's voice was heard.

People had guidelines in place about their daily lives. People had detailed information that told a story about the person's life, their interests and how they chose and preferred to be supported. This information helped staff in understanding and responding to people in the way they liked to be supported. Staff confirmed plans were updated by staff who worked with people and who knew them well. Regular reviews were carried out on care plans and behavioural plans. Guidance on managing peoples' behaviour helped ensure staff had the most recent updated information to respond to peoples' needs.

People had information about the service and their care arrangements in a format they could understand. Some people had charts in their bedrooms with pictures and symbols to help them organise their time. While another person had an electronic tablet to assist with their communication.

Complaints procedures were available and in an easy read format for people. However, not all people currently living in the service would be able to fully understand the procedure. The interim manager understood the actions they would need to take to resolve any issues raised. Staff informed us that due to people's limited communication they made sure they understood and knew people well and worked closely

with them and would monitored any changes in behaviour. Staff confirmed any concerns they had would be communicated to the interim manager and felt they would be dealt with and action taken.

Staff confirmed they had not needed to support people with end of life care, but were aware of issues relating to loss and bereavement. One person had a funeral plan in place provided by family members. Some records held information on people's wishes for end of life. People who had been assessed as lacking capacity had the involvement of family and professionals to help ensure decisions were made in the person's best interests. This helped ensure people's wishes on their deteriorating health were made known and documented.

Good

Is the service well-led?

Our findings

The service was well led. There was not a registered manager in post. 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 previous registered manager had left the service. However, there was an interim manager in post who had worked at the service for a number of years with planned interviews for the permanent position planned for February 2018.
A relative said of the interim manager; "[…] calls and keeps in touch. I like this." While another said; "I'm very happy how the home is run." A healthcare professional said they had a good relationship with the service and all the staff.

Relatives, a professional and staff informed us that the culture at the service was positive. Staff had confidence in the management team. The provider and interim manager were open, transparent and person-centred. They were both available throughout our inspection to assist us. We were told by the interim manager that they always put people living in the service first. The interim manager told us they were well supported by the provider and that a senior manager was available at any time.

The provider's vision, on their website stated; "We are proud to work for Options, to have first class facilities and fully understand that no one person can do their job effectively without the remainder of the team doing their jobs well." The vision was clearly embedded into the culture and practice within the service, stemming from the provider, to the interim manager, and to the staff. As a consequence of this, people looked happy, content and well cared for. These visions were incorporated into staff training and staff received a copy of the core values of the service.

The provider's website also stated; "Our journey of care offers a holistic approach which is unique and tailor made to fit a person's needs, providing care needed throughout a person's life, not just one moment in time." The interim manager had a committed and passionate attitude about the service, the staff and most of all the people. They said the recruitment of new staff was an essential part of maintaining the culture of the service. They said they would look for new staff who could work alongside people currently living in the service. They went on to say how each person had unique needs and it was very important they recruited the right staff to give each person the individual support they needed. Staff spoke very highly of the interim manager including one saying; "[Interim manager's name] is very, very helpful and always has their door open." While another said; "[…] is helpful and supportive" and "Very approachable."

Staff were hardworking and motivated and showed they shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. Staff spoke of their fondness for the people they cared for and the company they worked for.

Staff confirmed they were provided with opportunities to share feedback and ideas in staff meetings, in one to ones with the management team and informally. Staff felt supported by the management team, respected and listened to, with staff saying management were available on call at any time.

The interim manager showed they worked in partnership with other agencies when required, for example, the learning disabilities service, GP and other health care professionals.

The provider had a range of organisational policies and procedures which were available to staff at all times. Staff had access to these and included the provider's whistleblowing policy which supported staff to question practice. It showed how staff that raised concerns would be protected. Staff said they felt comfortable in using the whistle-blowers policy if required.

People were unable to provide feedback on the service they received. However, relatives' and professionals' views were obtained. Quality assurance questionnaires were sent and the results of which were audited in order to drive continuous improvement of the service.

The service continued to strive to improve and enhance the care and quality of the services provided. Regular audits on all aspects of care delivery monitored service provision and ensured the service maintained a good quality standard. Regulations requirements were understood by the management team. The interim manager kept up to date with their own personal development and completed ongoing training. Any updates or changes were communicated to the staff through staff meetings and one to ones. Staff felt involved and engaged. They felt able to question practice and feedback areas of improvement, for example, about minor issues with the shift scheduling. The interim manager attended meetings with other registered managers within the company. This helped to share best practice, experiences and to learn from each other.

People lived in a service which was monitored by the interim manager and provider to help ensure its ongoing quality and safety. Systems and processes were in place to audit accidents and incidents, the environment, care planning and people's nutrition. These helped to promptly highlight when improvements were required. Annual audits and maintenance checks were completed that related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the interim manager was aware of, and had started to implement the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.

The interim manager and provider knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The interim manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.