

The Aldingbourne Trust

Milton Lodge

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

Milton Lodge is a domiciliary care agency providing care and support to people living in their own homes who have a range of needs, including people with a learning disability and autism. Some people lived in homes at the same place the office was located, whilst others lived off site. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection nine people were receiving personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Some people being supported by Milford lodge were not able to have fully verbal conversations with us. However, when asked if they felt the staff treated them kindly, people responded with smiles. Comments included, "Yes", "Yes, I like it here" and "Staff help me."

People were supported to be safe. There were systems and processes in place to ensure people were protected from the risks of avoidable harm. The provider had a policy and procedure for safeguarding adults and the registered manager and staff understood the potential signs of abuse to look for.

People were supported to manage their medicines safely by staff who were appropriately trained.

Risk assessments were completed for people and they were supported to manage risks in their home environment, to ensure safety. There was a system to manage accidents and incidents to reduce them happening again.

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.

Staff completed regular training and understood their responsibilities. The staff demonstrated that they knew people well and told us they were proud to work for the service. Staff were motivated, and continuous learning was embedded in the service's culture.

People's needs were assessed to ensure these could be met by the service. The registered manager and staff worked with other external professionals to ensure people received effective care.

People were supported to engage in meaningful activities and the provider actively looked to develop new opportunities that enhanced people's wellbeing. Staff supported people and showed an understanding of equality and diversity and people were treated with dignity, and their privacy was respected. People and their relatives were involved in the planning and review of their care and people were supported to be involved in making decisions about their own lives.

There was a clearly defined management structure and regular oversight and input from the provider. The registered manager and provider carried out regular checks on the quality and safety of the service. Staff felt supported by the management and told us the registered manager and provider were approachable.

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

Rating at last inspection

The last rating for this service was good (published 8 May 2017). 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 ●

Milton Lodge

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

The inspection was conducted by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 November 2019 and ended on 22 November 2019. We visited the office location on 14 November 2019.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We 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 information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided and one relative. We spoke with the registered manager, the quality control manager and an office staff member. We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke to four care staff and sought feedback from four relatives of people using the service by telephone. We received feedback from four professionals who have contact with people using the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and staff supported them to understand what abuse was. One person when asked if they felt safe, said, "Oh yes, I do." Another person said, "Yes I am safe."
- Relatives also told us they felt the service provided safe care. One relative said, "I do feel that [person] is safe and well cared for."
- Staff had received safeguarding training and had a good understanding about the ways they could raise concerns. Staff comments included, "I would go to the [registered] manager and report my concerns and fill out the appropriate paperwork", "If I was worried I would go to [registered] manager and write an incident or accident report. The manager will do what is needed, but if they didn't do anything, I would go higher [provider] or would go to the local authority" and "I would always raise a safeguarding concern if I felt something was wrong."
- Systems were in place to protect people from the potential risk of abuse. There were processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to CQC and the local safeguarding team. The registered manager was aware of their responsibilities and took appropriate action.

Assessing risk, safety monitoring and management

- Risks to people's personal safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected.
- Where people had specific needs that could pose a risk to themselves and others, good clear information was available for the staff who supported them. This meant that risks were minimised, and incidents were infrequent.
- Environmental risks had been assessed and managed to keep people and staff safe. A positive risk approach was used that enabled people to do things independently where they could, such as moving around independently and being supported to use their kitchens.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment

- Safe recruitment practices were followed before new staff were employed to work with people. The relevant checks were made to ensure staff were of good character and suitable for their role. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

- There were sufficient staff available to meet people's needs, keep them safe and support them to maintain their independence. Staffing levels were based on people's individual needs. One staff member told us, "I feel we have lots of time to support people. I can contact my colleagues if I need support, we are a good team."
- Staff were deployed effectively to meet people's needs. People and their relatives told us staff knew people well, there was a continuity of staff and care calls were timely. One relative said, "Staff are always on hand and are regularly popping in and out."

Using medicines safely

- People received their medicines safely. There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely and in accordance with best practice guidance.
- Staff received training in safe administration of medicines and underwent regular observed competency reviews to check people's medicines were administered safely.
- Where people were able to, they were supported to be as independent as possible in managing and administering their own medicines. For example, one person was prescribed medicine as injections. They had learnt how to do this independently and staff monitored them to maintain their safety and independence.
- Staff recorded when support had been given to people to administer their medicines on medicines administration records which were monitored by the registered manager.

Preventing and controlling infection

- Staff completed training in infection control.
- Staff had access to disposable aprons and gloves to wear when supporting people with personal care or preparing food. These helped minimise the spread of infection.

Learning lessons when things go wrong

- There was an open and honest culture to reporting accidents and incidents. We reviewed incident and accident records which demonstrated staff shared concerns and sought timely advice from the registered manager.
- The registered manager and provider had robust oversight of all information about the service and ensured appropriate actions were taken where necessary.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Comprehensive assessments had been completed and care plans clearly identified people's needs and the choices they had made about the care and support they received.
- Staff considered care plans to be clear and informative about people's needs. Care plans were updated if people's needs changed. The service was pro-active in contacting health and social care professionals when a reassessment of need was considered a priority, for example when people's health deteriorated.
- Staff demonstrated that they knew people well and we observed them supporting people in line with their care plans. This led to good outcomes for people and supported a good quality of life.
- The provider had an equality and diversity policy and staff understood how to ensure people's individual needs and wishes were met.

Staff support: induction, training, skills and experience

- Staff received an induction into their role, which included the provider's mandatory training. They worked alongside more experienced staff until they felt confident and were competent to work directly with people. One staff member said, "I had an induction then I shadowed another staff member until I felt confident. I then went on the training courses."
- Staff were knowledgeable and skilled. Training staff had completed included; privacy and dignity, mental capacity awareness, learning disability awareness, basic life support, safeguarding and infection control. Staff told us their training was regularly updated. One staff member said, "We have good training and it gets refreshed when we need it. We also have training with the diabetic nurse, and I have learnt something different every time. Every time she has been, the support plans get updated." An external professional commented, "In my experience staff have a good level of knowledge and understanding about how best to support people."
- Staff had regular supervision and an annual appraisal, which had enabled the registered manager to monitor and support them in their role and to identify any training opportunities.
- Staff told us they felt supported in their roles by the management team and the provider. One said, "I get supervision, we have the opportunity to identify any training needs and can set ourselves tasks to help us improve."

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

- People's nutritional needs were assessed and met by the service where this was an identified need.
- Where people had specific dietary needs relating to their health conditions, they were supported by staff to understand risks and make healthy food choices.
- People were supported to make choices about what they wanted to eat, and staff assisted them to plan,

shop and prepare food and drink, where needed. One person said, "They [staff] come with me to the shops and help me."

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

- The registered manager told us they worked closely with other organisations such as the local authority and clinical commissioning group to ensure people's needs were appropriately met.
- Where people required support from external healthcare professionals this was arranged, and staff followed guidance provided by professionals. For example, one person required a specialist diet and there were clear guidelines for staff to follow so they could support the person safely.
- The service had developed strong links and worked with local healthcare professionals including a GP surgery, community learning disability nurses, diabetes specialists, and psychologists.
- Information about people's personal and health needs was included within their care plans, which could go with the person to hospital, to help ensure their needs could be consistently met.

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.

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff had a good understanding of the principles of the MCA.
- People were supported to make decisions for themselves. For example, they were involved in making choices about activities, voluntary employment, where they wanted to go, health appointments and managing money. One staff member said, "We talk together about what they [people] need and support them to understand the cost of things. Another said, "I was supporting someone to decide about a health appointment. We have photos that I could use to help them make a decision and to understand."
- Where a person was assessed as lacking capacity to consent to their care plan, records demonstrated steps had been taken in accordance with the principles of the MCA. This included best interest decision making in consultation with the person's relative.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The service had made referrals to the local authority which identified where some people may need to be referred to the court of protection.
- At the time of the inspection no one using the service was subject to any restrictions on their liberty.

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

- The service was focussed on providing high quality person-centred care and support. People told us that staff spoke to them nicely and were kind. People's comments included, "Yeah, staff are nice, they help me", "The staff are kind, I like them" and "Yes, they [staff] are all lovely."
- Relatives told us they felt the staff knew people well and treated them with kindness and compassion. One relative said, "One of the joys of Milton Lodge is that there is a good core of staff who have been there for a long time. They go to a lot of effort to know and understand people's likes and dislikes." Another said, "I like the way that the staff know [person's] likes regarding music and tv programmes and can interact with them easily on these subjects with jolly and friendly banter."
- People had keyworkers, who were key members of staff that were allocated to provide additional support to one person. Their role included supporting the person to maintain contact with family members and friends and to access activities that the individual person may enjoy.
- Staff told us they had formed good relationships with the people they supported. One staff member said, "I am out supporting as [person's name] keyworker today and we have the whole day together, it's great as we can do the things they want to." Another said, "I think the best thing is being able to change people's lives and help them. It is very rewarding. Seeing them [people] happy is the best thing. I feel really happy as I am helping people."
- Staff recognised the importance of providing support in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. People had their cultural and religious needs identified within their care plans. For example, if people had any spiritual or religious beliefs, how they liked these to be met was included in their care plans.

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

- The registered manager told us that the service aimed to support people to live an 'ordinary and flexible' life. We saw records that demonstrated staff actively supported people to make decisions, which enabled them to try new experiences and grow in confidence. For example, people had been supported to think about new activities they wanted to try in order to expand their beliefs about their own limitations. This had led to people feeling empowered and they had chosen to participate in a variety of new activities including fishing, trips to airports, joining local social clubs and horse-riding.
- Relatives told us they felt people were involved in deciding what they wanted to do. A relative said, "When I have been there [Milton Lodge] the staff have always been polite and respect [person's] views and what they would like to do or have."
- An external social care professional told us, "I have seen staff members actively involve individuals in their

care and help them be listened to. For instance, when recently working with [person's name], I was impressed with the registered manager's communication skills and ability to support [person] in expressing their wishes."

- We observed staff speaking to people with respect, giving them time to process information so that they were able to make decisions.
- People told us they were able to talk to the registered manager or staff about anything they wished to discuss and felt listened to. We observed that people were relaxed in the company of the staff and enjoyed the interactions they had.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. Staff recognised the importance of not intruding into people's private space. Staff were observed knocking and waiting for permission before entering people's homes.
- People's care plans were strengths based and detailed people's level of ability and directed staff to encourage people to remain independent. For example, the provider was supporting people to engage with 'active support.' This meant staff were supporting people to increase their independence and complete daily tasks for themselves, with staff support where needed.
- People and their relatives said staff treated them with dignity and respect. One relative said, "If [person] wants to be on their own and not join others, that is respected, and they don't have to."
- A staff member told us, "We help people to do what they can for themselves and listen to them."

Is the service responsive?

Our findings

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

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

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

- People were supported to live their lives in accordance with their own choices. Care plans were detailed, person-centred and people and their relatives, where relevant, were involved in regular reviews of their care and support. One relative told us, "[Person's name] is involved in decisions made about their care and there are regular reviews."
- People's care plans provided clear guidance for staff to follow to encourage people to maintain choice and control. For example, care plans had sections such as, 'Who am I?', 'Things that are important to me' and, 'Being in control, how I communicate', which captured people's wishes and preferences to meeting their care needs.
- Things that were important to people were clearly recorded and staff were knowledgeable about people and how they liked to be supported. For example, one person's care plan described how the person liked to be supported to manage their health needs. It described how staff should write things down or use pictures to help them understand and make choices.
- People told us staff knew them well and supported them to participate in things they enjoyed. One person said, "[Staff name] is helping me to do my Christmas shopping, I decide where I want to go, and they help me."

Meeting people's communication needs

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

- People's individual communication needs were explored so that staff could support people to make choices be involved in the design and delivery of their care and support. Pictures, symbols and photos were used to assist people to be involved in their care planning and decisions.
- Staff members knew how to effectively communicate with people. The approach by the service met the principles of the Accessible Information Standards.

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

- The service had established links with the provider's own community resource centre located within the local community. This was a facility open to members of the public and provided work experience opportunities for people, including caring for animals and working in the café. In addition, there were woodwork activities, where people could be supported to make and sell items. People were supported to

access this facility if this was of interest to them.

- People were supported to participate in meaningful employment. For example, the provider had established a contract with the local railway service. Some people chose to be part of this project which involved being supported to maintain the hanging baskets in all the railway stations between Bognor Regis and London Victoria. In addition, as part of this employment opportunity, people were supported to learn independent travel on the railways and worked as part of a team, learning about all aspects of health and safety. Other people were supported to do voluntary work in local businesses. One person told us they had just started working in a charity that sorted baby clothes for families in need. The person was smiling when they described what they did and told us they felt very proud.
- People were supported to participate in leisure activities of their choice. For example, people went to local shops and cafes, travelled to visit their families and went on regular holidays.
- The provider also arranged communal activities that people, their friends and families could attend. For example, the service had held barbecues through the summer and people had been supported to do a sponsored walk to raise funds for older people. A cooking group had been started where people could learn how to cook a meal and then ate it together and took the remaining food home to eat or freeze for later. This group was run by volunteers which included the registered manager and a director of the provider's service.
- In addition, the registered manager arranged for a 'therapy dog' to visit people if they wished and the provider ran community wellbeing activities for people to attend including yoga classes, 'keep fit' classes and a disco held in a local night club.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place, which provided information on the action people or their representatives could take if they were not satisfied with the service being provided. The registered manager told us there had been two formal complaints since the last inspection, which had been resolved immediately. The provider had taken appropriate action to address complaints received and records confirmed this.
- Staff used their knowledge and relationships with people to monitor if they were unsettled and spoke to them if they were unhappy about anything. This was recorded in their care plans and monitored for any themes, so that any issues could be addressed promptly.
- A relative told us they could speak with staff or the management if they had concerns. Although they said they had no reason to complain. They told us, "I know who to contact if I have any worries or concerns and am satisfied that these will be dealt with."

End of life care and support

- At the time of the inspection, nobody supported by the service was receiving end of life care. The registered manager told us they were developing people's care plans to include their end of life wishes. These were not included in people's care plans. However, we were assured that people were being supported to have discussions about their wishes, at their own pace and considering their specific needs.
- The registered manager told us that they would work closely with external healthcare professionals to provide people with the care they required, should they need it at the end of their life.

Is the service well-led?

Our findings

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

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

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

- The provider's vision for the service is to support people with disabilities to live their lives in the way they choose. Their values included, working together with people, listening to people then doing, having fun and challenging the law to support people to be as independent as possible.
- The service had systems that ensured people received person-centred care which met their needs and reflected their preferences. The registered manager and staff demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders. Staff had a good understanding of people's needs and showed a commitment to treat people in a person-centred way. One staff member said, "I love working with people, I enjoy spending time with them and supporting them to do what they want."
- People and their relatives told us the care and support they received was good and they felt listened to. One relative told us, "It is a great relief to myself, and the rest of my family, to know [person] is warm, well fed, safe, liked and respected."
- Staff told us they enjoyed working for the service and they worked together to ensure people always received the support they needed. Staff communication in the service was good and they felt supported. A staff member said, "We can talk to colleagues and support each other. We try to work together as a team."
- External professionals also confirmed that there was a positive and open culture at the service. One external professional said, "I have found the management approachable and personable."

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

- The registered manager and provider's representative demonstrated an open and transparent approach to their roles.
- The provider had a duty of candour or policy that required staff to act in an open and transparent way when incidents or accidents occurred. The registered manager was able to demonstrate that this was followed when required and records confirmed this.

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

- There was a clear management structure in place, consisting of the provider, senior managers, the registered manager and a deputy manager. They were clear about their roles and responsibilities.
- Extensive policies and procedures were in place to aid the smooth running of the service. For

example, there were policies on safeguarding, equality and diversity, complaints and whistleblowing.

- Effective communication between the management team and staff supported a well organised service for people. Staff understood their roles and were provided with clear guidance of what was expected of them. Staff communicated well between themselves to help ensure people's needs were met.
- Staff understood the provider's vision for the service. Management and all staff we spoke to, expressed an ethos for providing good quality care for people.

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

- People were supported to be part of their local community and were regular visitors to shops, cafes and leisure facilities. For example, one person had recently been supported to attend a local social club for ex-service people and their families, and other people had started using a local stable to fulfil a wish to ride horses.
- The provider also facilitated a wealth of voluntary employment opportunities for people, at a community service which they operated. In addition, people were supported to fulfil their individual wishes and staff supported them to access as many new opportunities and experiences as possible.
- The provider sought feedback from people's families and representatives, external professionals and staff. Feedback was analysed, and any wishes or suggestions reviewed and considered by the management team.
- People and relatives told us the management team were approachable and supportive. One person said, "She [registered manager] is lovely, I can talk to her if I need to." A relative said, "Management are approachable and [registered manager] leads a good team."
- The provider sent out regular newsletters to keep people and their relatives informed of events and to share good news. One relative said, "I welcome the addition of a regular newsletter giving updates of activities and events at Milton Lodge."

Continuous learning and improving care

- The registered manager worked with staff to look at the best way to continually improve and develop care staff in their role. For example, where people had specific health needs, training from external healthcare professionals had been requested and delivered, to ensure best practice was followed.
- The registered manager kept up to date with any changes to best practice by attending local area manager forums for care services, signing up to email alerts from nationally recognised organisations, such as the Health and Safety Executive (HSE), National Institute for Health and Care Excellence (NICE) and CQC, and attending regular training. In addition, the provider sent out regular emails with any updates to practice and held regular management meetings where new ways of working and ideas could be shared.
- The registered manager and provider used their quality assurance processes to review safeguarding concerns, accidents and incidents. Information was analysed on an electronic data management system and action taken where needed. They continuously monitored the service to ensure improvements identified, were actioned in a timely way.

Working in partnership with others

- Staff had positive relationships with people and demonstrated an in-depth knowledge and understanding of their needs.
- Staff worked collaboratively with other agencies to improve care outcomes. The service had well established links with the local community and key organisations, reflecting the needs and preferences of people in its care.