Alexandra Homes (Bristol) Limited

Ash View 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

This inspection took place on the 7 and 8 January 2016 and was unannounced.

Ash View House is a service that provides accommodation and personal care for up to 17 people with mental health needs, learning disability and autistic spectrum disorder. The service consisted of three separate detached houses next door to each other and a separate annexe.

At the time of our inspection 15 people were using the service. Five people lived at 30d Cock Road, five people at 30c, four people at 30e and one person in the annexe.

There was a registered manager at the service at the time of our inspection. 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.

People were safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm. People were supported to take risks, promote their independence and follow their interests. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work with people to assess their suitability. Medicines were well managed and people received their medicines as prescribed.

The service was effective. Staff received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see their GP and other healthcare professionals when required. The physical environment was personalised and met people's needs.

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support. Information was provided in ways that were easy to understand. People were supported to maintain relationships with family and friends.

The service was responsive to people's needs. People received person centred care and support. They were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded by making changes.

People benefitted from a service that was well led. The management team demonstrated good leadership and management, particularly with respect to developing the vision and values of the service. The vision and culture of the service was clearly communicated to and, understood by staff. The registered manager and senior staff had an open, honest and transparent management style. The quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe from harm because staff were aware of their responsibilities and able to report any concerns. The provider had ensured arrangements to keep people safe were put in place.

Risk assessments were in place to keep people safe.

There were enough suitably qualified and experienced staff. Staff recruitment procedures ensured only suitable were employed.

Medicines were well managed and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

The service complied with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were cared for by staff who received regular and effective supervision and training.

People were supported to make choices regarding food and drink. People's fluid and nutritional intake was monitored where required.

People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

Is the service caring?

Good

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People received a service that was designed around their individual needs.

People participated in a range of activities within the local community and in their home.

The service encouraged feedback from people using the service and others and made changes as a result.

Is the service well-led?

Good

The service was well led.

The manager and other senior staff were respected.

The vision and values had been clearly and effectively communicated to staff.

There was a person centred culture and a commitment to providing high quality care and support.

Quality monitoring systems were in place and used to further improve the service provided.

The provider had plans in place for the continuous improvement of the service.

Ash View House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 8 January 2016 and was unannounced. This meant the managers and staff did not know we would be coming. The last full inspection of the service was carried out on 13 February 2014. At that time we found no breaches of legal requirements and had no concerns regarding the service provided.

The inspection team consisted of three people, one adult social care inspector, an expert by experience and a specialist advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is a person with professional experience of this type of care service. Both the expert by experience and specialist advisor had knowledge of services for people with mental health needs, learning disability and autistic spectrum disorder. The specialist advisor also had experience of risk assessment for this type of service.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We received this on time and reviewed the information to assist in our planning of the inspection.

We contacted 20 health and social care professionals who had been involved with the service. Including community nurses, social workers, commissioners and others. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection of the service. We were able to talk with one health care professional who was visiting people during our inspection.

We spoke with ten people. We spent time with people in each house. We spoke with 11 staff, including the registered manager, three senior managers, two team managers and five care staff. We also spoke with relatives of three people using the service by telephone.

We looked at the care records of nine people using the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Good

Is the service safe?

Our findings

People said they felt safe. Comments included, "I feel safer at Ash View compared to where I have been before", "They make me feel at ease even when going out and there is a relaxed atmosphere and always someone there to talk to when I need somebody" and, "Yes, I feel safe here". We observed people throughout our visit and saw they reacted positively to staff and seemed relaxed and contented. Relatives said they felt people were safe. Health and social care professionals said they felt people were safe.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff we spoke with told us they had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management of poor practice.

The provider had appropriately raised a number of safeguarding concerns in the 12 months before our inspection. On each of these occasions the provider had taken the appropriate action. This included sharing information with the local authority, the Care Quality Commission (CQC) and the Police. The level of information shared with other agencies had been appropriate and sufficient to keep people safe. As a result of the safeguarding concerns and subsequent investigations, changes were made to people's care arrangements when required to keep them safe.

There were comprehensive risk assessments in place. Each person's risk assessment and support plan was reviewed every month and updated when required. The assessments and plans recognised the significant risks people faced as a result of their mental health conditions and vulnerability. Risk assessments to keep people safe when they became unwell and also to support people with their daily living and develop their independence were in place. For example, risk assessments were in place to keep people safe from harm when carrying out domestic activities such as cooking and for people to use community leisure facilities safely. Risk assessments contained clear guidance and detailed the training and skills required by staff to safely support the person.

Accident and incident records were completed and kept. These identified preventative measures to be taken to reduce the risk of reoccurrence. The provider also documented 'near misses'. The registered manager explained these were occasions where no harm had come to anyone but due to the circumstances it may have done.

Relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by the registered manager. We saw in staff personnel files that a robust recruitment process was used, with the provider assessing the values of potential employees.

People were supported by sufficient numbers of staff to meet their needs. Twelve staff were available throughout the day with three staff sleeping in at night.These staffing levels allowed for people to receive individual support to promote their independence and develop life skills. The registered manager told us additional staff were provided when needed and waking night staff had been arranged at times. We saw that during July and August 2015 waking night staff had been provided to meet one person's needs during a time of mental ill health.

The service had recruited bank staff to cover staff shortages. The bank staff had worked for the provider for a number of years and were known to people. The provider operated a system of two teams of staff. Each team worked together for a number of days then handed over to the other. Staff worked long shifts and often worked up to 48 hours a week. The number of hours worked by staff, was agreed with them individually and monitored to ensure regulations regarding working time were adhered to. Managers and staff recognised this was difficult at times but felt people benefitted from the consistency of this arrangement. This static rota provided a predictable shift pattern to allow forward planning for both people who use the service and staff. The registered manager said, "Staff working longer shifts means they do not have to rush back if supporting someone out, to handover to someone else". People said there was enough staff and they were able to receive care and support from when they needed it. Staff said there were enough staff to safely provide care and support to people. One staff member said, "Most of the time there are enough staff on duty. We can call bank staff and those on the other team and another home run by the provider. They normally cover". During our visit we saw there was enough staff to safely provide care and support to people.

Staff followed the policies and procedures for the safe handling, storage and administration of medicines. Medicines were securely stored and records of administration were kept. Staff had received training in administering medicines. There had been 30 errors in the administration of medicines in the 12 months before our inspection. On each occasion the provider had taken the appropriate action to ensure people were safe. The provider had identified the need for this to improve and taken action. They had introduced a system where two staff checked and administered medicines. They had also converted the previous utility room into a room for the storage and dispensing of medicines. The registered manager said the dedicated room meant staff would not be interrupted whilst dealing with medicines. The registered manager said this work had only recently been completed and the checking by two people had only recently been introduced. The registered manager and staff said they were confident this would reduce the number of errors. Two people were being supported to administer their own medicines. These people were working through a programme of support to help them with this. This was clearly recorded. Each had their own lockable medication cabinet in their rooms.

Staff had access to equipment they needed to prevent and control infection. The provider had an infection prevention and control policy. Staff had received training in infection control. Cleaning materials were kept in a locked room to ensure the safety of people. The accommodation was clean, well maintained and odour free.

Good

Is the service effective?

Our findings

People told us about the service they received. Most people said their needs were met. Comments included, "I'm much more settled here", "I have plenty to do and everything's good". Two people said they felt they needed more help to manage their health. We talked with staff about this and saw arrangements were in place to meet people's needs.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the MCA and DoLS. Information in people's support plans showed the service had assessed people in relation to their mental capacity. Staff told us they had received Mental Capacity Act 2005 (MCA) training and were aware of how this impacted on the support given to people. The service had supported people through a process of 'best interest' decision making to ensure their needs were met. The registered manager knew they had to inform the CQC when applications regarding DoLS were approved by the appropriate authorities.

The complex mental health needs of the people using the service meant MCA and DoLS was an area that required constant review. The registered manager said they had plans to ensure their knowledge was continually updated and relationships with the local authority team developed further. They had also identified a staff member to be the 'mental capacity act champion'. We spoke with this person who said, "I will be overseeing how we work with MCA and DoLS and ensuring we keep up to date".

The service had a programme of staff supervision in place. These are one to one meetings a staff member has with their manager. Staff supervision was delegated appropriately to each staff member's immediate supervisor. Staff members told us they received regular supervision. Staff records showed these were held regularly. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. An individual supervision contract was in place for each staff member. This detailed the responsibilities of both the supervisor and person receiving supervision. It outlined the need for each to prepare before the meeting, be open and honest and maintain confidentiality. Staff said they found their individual meetings helpful.

People were cared for by staff who had received training to meet people's needs. We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff

included, first aid, infection control, fire safety, food hygiene, administration of medicines, safeguarding vulnerable adults and non-abusive psychological and physical interventions (NAPPI). Staff said the training they had received had helped them to meet people's individual needs.

Staff training was provided in a variety of different ways. Some was accessed from external sources. A visiting health care professional said, "They are good at taking up training opportunities". Senior staff were qualified to provide face to face training in certain areas, for example NAPPI training. Staff were supported to undertake health and social care diploma training which was previously known as national vocational qualifications (NVQ). This is a work based award that is achieved through assessment and training. To achieve an award, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Distance learning workbooks were also used for some training. Staff said they enjoyed face to face training more than using the workbooks. The registered manager had recognised this and said they were arranging for staff to work together in groups to improve their learning. The provider evaluated the effectiveness of training on an annual basis to ensure it equipped staff to meet the needs of people using the service.

Newly appointed staff completed an induction and told us this had been effective. A checklist ensured staff had completed this fully in order to care for people safely. The provider had introduced the care certificate for new staff. The care certificate was launched in April 2015 and is regarded as 'best practice' for the induction of new care and support staff. The registered manager told us new staff also shadowed experienced staff as part of their induction.

People chose what they wanted to eat. Menus were planned with the involvement of people. These were varied and included a range of choices throughout the week. People were encouraged to participate in the preparation of food. Participation was planned and people said they enjoyed doing this and that they enjoyed the food. Staff said care was taken to ensure food was wholesome, well-balanced and nutritious. Six people had personal food budgets to encourage them to develop their independence. As part of this process people were supported by staff to plan, shop for and cook their own meals. At lunchtime on day one of our inspection, people interacted well with each other and staff and enjoyed the food and social engagement. People's dietary and fluid intake was monitored and recorded where required.

Care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle. The service operated a system of key teams. This involved teams of four or five staff, supervised by a senior staff member, to monitor people's progress and plan their care and support.

The physical environment in all the accommodation was of a high standard and met people's needs. Communal areas were homely and people's own rooms were personalised. People who showed us their rooms and they were proud of them. When necessary repairs were identified, these were quickly acted upon. The provider had plans in place to further develop the facilities available to people.

Good

Is the service caring?

Our findings

People told us they liked the staff and thought they were caring. We saw people were treated in a caring and respectful way. One person explained the provider had arranged for them to go to a rugby international as part of their birthday celebrations. They said, "They have paid for the tickets and transport, which is great". Another person felt staff had a "lot of respect for people". In a previous care setting they said staff had been "patronising". Relatives told us staff were caring. One relative said, "The staff are like an extended family".

Staff were friendly, kind and discreet when providing care and support to people. People responded positively to staff which showed they felt comfortable with them. We saw a number of positive interactions and saw how these contributed towards people's wellbeing. For example, one person was working with a senior staff member on applying for a job. They said they had enjoyed doing this and the staff member had been very helpful.

Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. This was particularly important in assisting people to manage their anxieties and behaviours. One person told us, "I need help to control my anger and staff help by treating me well. Another person said, "Staff have helped me be more outgoing and assertive".

People were cared for by staff who knew them well. Staff were able to tell us about people's interests and individual preferences. For example, the football and rugby teams' people supported, the parts of the country they had grown up in and their family background. People's achievements were recognised and celebrated. There were photographs on display and a regular newsletter was produced, containing many contributions from people. One person had written an article about going out to a nightclub with staff and another article congratulated people on achievements.

People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. For example, specific dietary requirements were met. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met and had received training on this.

People were supported to maintain relationships with family and friends. Care records contained contact details and arrangements. People spoke with us about their families. Staff said they felt it important to help people to keep in touch with their families.

Promoting people's independence was a theme running through people's care records. Guidance was included for staff on how to work alongside people providing coaching for people to carry out activities themselves. Staff told us they saw this as a key part of their role. One said, "Some people want to live more independently so it's important to help them be as prepared as possible".

Throughout our inspection we were struck by the relaxed and homely atmosphere at the service. Everyone seemed to enjoy each other's company. People were engaged in conversation with each other and staff and

there was a sense of fun. Minutes of meetings held showed there were regular discussions on how people were getting along with each other. This was recognised by several people who said, "I was worried about how I'd get along with people but staff help us with this" and, "We talk a lot about how to get on together". Staff said their role was to help them to learn to live alongside each other and this was important to reduce the potential for conflict and handle their frustrations appropriately. Strategies were in place to guide staff on how each person should be supported to minimise the risks to others.

Staff we spoke with all said they would be happy for a relative of theirs to use the service.

Good

Is the service responsive?

Our findings

People and relatives told us the service responded to their individual needs. One person said, "They listen and put things in place to help me".

Care records were person centred and included information on people's life histories interests and preferences. Staff said this information helped them to provide care and support in the way people wanted. Staff were knowledgeable about people's life histories and their likes and dislikes. People and their families had been involved in developing and agreeing their plans for their care and support. Staff confirmed any changes to care were recorded and discussed regularly at team meetings to ensure they were responding to current needs. For example, additional staff support when required and additional support from health and social care professionals.

The provider employed a Consultant Psychiatrist, a Consultant Psychologist and a Sexuality and Relationship Counsellor who attended the service one day each month. They provided direct input if a need was identified or if people requested. They also provided training for staff and advice on risk management and support planning. The provider used the Sexuality and Relationship Counsellor to supervise and oversee a programme of relationship and sexuality tutoring. This had proven to be instrumental in improving people's understanding, knowledge and application of appropriate relationships.

Activities were varied and included activities at the service and trips out. The provider had two eight seater vehicles to enable people to access their local community and go on trips. People were also encouraged to use public transport wherever possible. They said this helped people to develop their independence. People had bus passes and access to a 'buddy pass' for staff to use when accompanying people on buses. People told us they enjoyed the activities. One person spoke positively about the trips out to the zoo and local pubs. Staff said there were plenty of activities and sufficient staff and transportation. Relatives said activities were arranged based upon personal interests. People were given the opportunity of going on a holiday of their choosing once a year. These holidays were based on the interests and wishes of people. People also chose who they wanted to go on holiday with. For example, some people went on holiday as part of a large group and some went with just one other person or on their own with staff.

The registered manager and staff were all aware of the potential for people using the service to become isolated as a consequence of living at Ash View House. The manager told us they reduced this risk through developing links with the local community and supporting people to participate in events and activities in the local area.

Regular meetings were held with people to seek their views regarding their care and support. They said they enjoyed these meetings and felt their views were listened to and acted upon. Records of these meetings were kept and showed views were sought on areas such as activities, menu choices, holidays, maintenance and planned changes to the service. These meetings were referred to as 'family and friends support meetings' and were additional to other regular meetings which took place to review and discuss the support and development needs of people. The registered manager said these 'family and friends meetings' were

used to facilitate effective communication between family and friends of the people who use the service and staff. We saw these meetings had been effective in reducing the levels of anxiety and concerns experienced by family and friends of people.

People raised concerns they had with staff or the registered manager. One person said, "I know how to complain and do when I need to". The provider had a policy on comments and complaints. The policy detailed how complaints were responded to, including an investigation and providing a response to the complainant. An easy read version of this policy was on display in each house. A record of complaints was kept at the service. The provider had received 18 complaints in the previous 12 months. The provider had responded appropriately to all complaints and made changes as a result. The number of complaints and their nature showed the provider encouraged people to use the complaints procedure to express their views.

Some people expressed frustration that staff needed to check out requests with a senior person. One person said, "If I want to do something and ask, they always say I need to check". We discussed this with staff. They said this was sometimes the case as they needed to check with the senior person whether any other plans were in place. The registered manager was aware of people's frustration with this and said they would look into how this could be improved.

The provider also kept a record of compliments and had received13 in the previous 12 months. The registered manager provided feedback to staff when compliments were given. Staff said they valued this and felt it was important to receive positive feedback.

Regular meetings were held with families and carers. The minutes of the most recent meeting showed the views of relatives were sought and recorded and action agreed where necessary. Relatives spoke positively about these meetings.

Ash View House provides a specialist service for people from different parts of England and sometimes other parts of the UK. This means the provider must ensure transition between services is well-planned. Care records documented the work completed by staff to plan for people to move to the service. There were also details of how the provider had communicated with other service providers to manage and ease transitions between services. One health and social care professional said, "Ash View House provide an invaluable service to which currently is not available within Northern Ireland. On my last visit there I was well received and impressed with the facilities and level of service support provided. The person I visited spoke very positively about living there and I have no concerns or issues".

Good

Is the service well-led?

Our findings

People told us they liked the registered manager and senior staff and were able to talk to them when they wanted. Staff spoke positively about the management and felt the service was well led. One staff member said, "The managers are good role models, very professional and person centred". Another said, "The managers are great, they're very supportive and really care about people". Relatives said the manager was efficient and always rang them back when requested.

Health and social care professionals provided positive feedback on the leadership and management of the service. Comments included, "Ash View have skilled and knowledgeable managers who are supportive of the home and staff" and, "The managers are very professional, listen to advice and provide any information needed".

Throughout our inspection we saw a person centred culture and a commitment to providing high quality care and support. Staff understood the values and culture of the service and were able to explain them. Senior staff provided us with information requested promptly and relevant staff were made available to answer any questions we had. The registered manager and staff spoke passionately about the service and their desire to provide a high quality person centred service.

People benefitted from receiving a service that was well organised and managed effectively. A clear management structure was in place. Job descriptions for each role were clear and staff understood their own and others roles and responsibilities.

The provider operated an on call system for staff to access advice and support if the manager was not present. Staff confirmed they were able to contact a senior person when needed. Experienced care staff were responsible for the service when the manager or other senior staff were not present.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.

The policies and procedures we looked at were regularly reviewed. Staff knew how to access these policies and procedures which provided them with up to date guidance. People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. People benefited from staff who understood and were confident about using the whistleblowing procedure.

Health and safety management was seen as a priority by senior staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others. For example, staff were provided with 'walkie talkies' so they could get help in an emergency. This was particularly significant as the

needs of people using the service meant people; staff and others were at risk as a result of people's behaviours.

People benefitted from receiving a service that was continually seeking to improve. The provider had in place an annual improvement plan. This contained targets to be achieved throughout the year and was monitored and updated on a regular basis. The registered manager said this plan was drawn up from feedback received, the findings of internal monitoring systems and the providers longer term strategic plan. The annual improvement plan for 2015 to 2016 contained targets for improvements to the service provided, the buildings themselves and action required to meet new requirements. Each target was fully costed, identified the person responsible for achieving it and how its achievement would be measured.

The provider used questionnaires to seek feedback from people using the service, relatives and professionals. Questionnaires were completed by people using the service every three months. Relatives and professionals were sent a questionnaire once a year. Feedback received was collated and analysed. Feedback requiring action was actioned through people's care reviews if it related to individuals or, built into the quality improvement plan if it related to the service.

The PIR we requested from the service had been returned promptly and it was clear that care and attention had been put into its completion. The PIR included detailed descriptions of how they ensured the service was safe, effective, caring, responsive and well-led. They had also detailed improvements they planned to introduce over the next 12 months to further improve the service. The registered manager told us they had found the completion of the PIR a useful exercise and had drawn upon their existing improvement plan in order to complete it.

Systems were in place to check on the standards within the service. This consisted of a schedule of monthly audits carried out in each house by senior staff. Audits completed by the manager included medicines management, health and safety, financial audits and care records. These audits were carried out as scheduled and corrective action had been taken when identified.

All accidents, incidents and any complaints received or safeguarding concerns made were followed up to ensure appropriate action had been taken. The manager analysed these to identify any changes required as a result and any emerging trends. This was monitored in an innovative way that they referred to as a 'traffic light' system. Key indicators regarding the number of alerts, concerns or incidents in a month resulted in identifying a green, amber or red for that area. Green meant that no events at all had occurred, amber that one or two events had occurred and required an increased awareness from staff, red that more than three events had occurred and that an investigation was required. Where an investigation had been identified as required, it had been carried out and action identified where appropriate. This resulted in clear information that was acted upon by the provider and senior managers.

The provider successfully obtained Investors in People status in July 2015. IIP is national initiative that assesses organisations using a framework of best practice in management standards. Organisations that meet these standards are awarded IIP status, which is then regularly reviewed to ensure these standards continue to be met. The assessment and review are carried out by external assessors.

The provider has established themselves as an assessment centre for vocational qualifications. This means they are able to assess and award vocational diplomas to staff on behalf of the awarding body. The provider is accredited to deliver levels two and three health and social care diplomas. This process is externally verified on a regular basis to ensure the provider continues to comply with the requirements of the awarding body.

At the end of day two of our inspection we provided feedback on what we had found up to that point. The registered manager asked if the senior staff team and company directors could also be present at the feedback session. This demonstrated an open and transparent management style. The feedback was received positively with clarification sought where necessary. The registered manager and all present at the feedback session showed a willingness to listen, reflect and learn in order to further improve the service provided to people.