Moonesswar Jingree

Sunlight House

Inspection report

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Tel: 02085420479

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 an unannounced comprehensive inspection which took place on 22 November 2018.

Sunlight House is a 'care home'. People living there received personal care and support as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to four people in one adapted building and specialises in supporting younger adults with mental health needs, learning disabilities and autism. There were three people living at the care home at the time of our inspection.

The care home has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism can live as ordinary a life as any citizen.

The service continues to be owned and managed by an individual who is the registered provider. A registered provider is a person who has registered with the Care Quality Commission (CQC). Registered providers 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.

At our last inspection of the service in September 2017, we rated them 'Requires Improvement' overall and for the two key questions, 'Is the service responsive' and 'well-led'? This was because the provider had failed to submit statutory notifications to us about several police incidents involving people using the service. Providers are required by law to notify the CQC without delay about the occurrence of any incidents or events that adversely affect the health, safety and well-being of people using the service.

In addition, we found wholly inappropriate language had been used to describe people in their care plan. We discussed this issue with the registered provider at the time, who agreed to review and amended care plans where appropriate and to remind staff not to use inappropriate language to describe people in future.

At this comprehensive inspection we found the provider had taken appropriate action to address all the issues we identified at their last inspection. This included improving their arrangements for notifying the CQC about significant incidents involving the people living at the home and the language being used by staff in people's care plans. Consequently, we have improved the service's overall rating from 'Requires Improvement' to 'Good' and for the two key questions, 'Is the service responsive and well-led?'. The ratings for the key questions, 'Is the service effective and caring?' remain 'Good'.

However, the rating for the key question, 'Is the service safe?' has deteriorated from 'Good' to 'Requires Improvement'. This is because we found a number of uncovered radiators in bedrooms and communal areas where the possible risk of harm people living in the home might face had not been properly risk

assessed. We discussed this health and safety issue with the registered provider at the time of our inspection who agreed to risk assess all the home's radiators and immediately cover those radiators deemed to pose a potential hazard to people living in the home.

In addition, although we found staff had completed end of life care training, people's end of life care preferences and choices had not been sought or recorded in their care plan. We also discussed this matter with the registered provider who agreed to sensitively raise this matter with the people who lived at the home and where necessary record their comments in their care plan.

Progress made by the provider to achieve both the aims described above will be assessed at their next inspection.

People continued to be happy with the care and support they received at the Sunlight House. We saw staff continued to look after people in a kind and respectful way. Our discussions with a person living in the home and their mental health care professional representatives supported this.

There continued to be robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. Recruitment procedures were designed to prevent people from being cared for by unsuitable staff. There were enough staff to keep people safe. The environment was kept hygienically clean and staff demonstrated good awareness of their role and responsibilities in relation to infection control and food hygiene. The provider routinely carried out health and safety checks on the premises. Medicines were managed safely and people received them as prescribed.

People were still supported by staff who had the right knowledge and skills to effectively carry out their roles and responsibilities. People continued to be supported to eat and drink enough to meet their dietary needs and preferences. The registered provider was aware of their duties under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent before providing any care and support and followed legal requirements when people did not have the capacity to do so. They also received the support they needed to stay healthy and to access health care services as and when required.

Staff continued to ensure people's privacy was always maintained particularly when they supported people with their personal, emotional and health care needs. Staff consistently demonstrated warmth, respect and empathy in their interactions with people they supported. People had positive relationships with staff. People were supported to maintain relationships with those that mattered to them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People still received person centred care and support that was tailored to their individual needs and wishes. Each person had an up to date and personalised care plan, which set out how their care and support needs should be met by staff. People were involved in planning the care and support they received, which were kept under constant review and updated accordingly. People had sufficient opportunities to participate in meaningful social, vocational and educational activities that reflected their interests and goals.

The registered provider continued to be well-regarded by people living in the home, external community professionals and staff. The provider operated effective governance systems which ensured all aspects of the home were routinely monitored. Any shortfalls or gaps identified through these checks were addressed promptly. The provider had suitable arrangements in place to appropriately deal with people's concerns and complaints. The provider also gathered feedback from people living in the home, their relatives, professional representatives and staff.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service are no longer safe and therefore their rating for this key question has deteriorated from 'Good' to 'Requires Improvement'.

This was because we found a number of uncovered radiators in bedrooms and some communal areas which had not been risk assessed. We discussed this health and safety issue with the registered provider at the time of our inspection who agreed to risk assess all the home's radiators and immediately cover those identified as posing a potential hazard to people living in the home.

There continued to be robust procedures in place to safeguard people the provider supported from harm and abuse. Staff were familiar with how to recognise and report abuse.

Staff recruitment procedures prevented people from being supported by unsuitable staff. There were sufficient numbers of suitable staff deployed to keep people safe and respond promptly to their needs and wishes.

Medicines continued to be managed safely and people received them as prescribed where the service was responsible for this.

Is the service effective?

Good

The service continues to be effective and retains its 'Good' rating for this key question.

Is the service caring?

Good

The service continues to be caring and retains its 'Good' rating for this key question.

Is the service responsive?

Good

The service has improved from 'Requires Improvement' to 'Good' for this key question and is now considered responsive.

This was because the provider had taken appropriate action to ensure the language staff used to describe people they

supported in their care plan was 'appropriate'.

However, although we saw staff had completed their end of life care training, we found people's preferences and choices for their end of life care was not recorded in their care plan. We discussed this matter with the registered provider who agreed to sensitively raise it with the people who lived at the home to include their comments peoples care plans.

People were involved in discussions and decisions about their care and support they received. Staff understood the individual needs, preferences and interests of the people they supported.

People had sufficient opportunities to participate in a wide variety of meaningful social, leisure and educational activities at home and in the local community.

People felt comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately.

Is the service well-led?

Good

The service has improved from 'Requires Improvement' to 'Good' for this key question and is now considered well-led.

This was because the provider had taken appropriate action to ensure as required by law they notified us without delay about the occurrence of any incidents or events that adversely affected the health, safety and well-being of people they supported.

The registered provider continued to be highly regarded by people living in the home and their professional representatives. People felt the managers were accessible and approachable.

The provider still had effective systems in place to regularly assess and monitor the quality of service that people received.

People, their relatives, professional representatives and staff were all involved in developing the service. Their feedback was continually sought and used to drive improvement.

The provider worked in close partnership with external mental health, health and social care professionals, agencies and bodies.

Sunlight 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 unannounced comprehensive inspection was carried out on 22 November 2018 by one inspector.

Before the inspection, we reviewed all the information we held about this service. This included previous inspection reports and notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also received written feedback from a community mental health care professional and two people representing the London Borough of Merton Seniors Forum who carried out a 'Dignity in Care' visit of the service in April 2018.

During our inspection we spoke in-person with one person who lived at the home, two visiting representatives of a well-known Christian organisation, the registered provider and a senior support worker. Throughout our inspection we undertook general observations of staff interacting with one person who lived at the home. We also looked at a range of records including care plans for all three people who currently resided at the home and a range of staff files and other documents that related to the overall governance of the service.

Requires Improvement

Is the service safe?

Our findings

The provider continued to manage identified risks appropriately. For example, one care plan we looked at had recently been updated to include a detailed risk management plan that had been developed with input from an occupational therapist to help staff prevent and appropriately manage an individual's changing mobility needs. We also found individualised risk management plans to help staff prevent and deescalate behaviours that might be considered challenging. A member of staff demonstrated a good understanding of how they would prevent or manage incidents of challenging behaviour and confirmed they had received positive behavioural support training.

However, the positive points outlined above about managing identified risk notwithstanding, we found several uncovered radiators in bedrooms and some communal areas where the potential risk of harm people living in the home might face had not been properly risk assessed. We discussed this issue with the registered provider at the time of our inspection. They confirmed none of the radiators in the home had been risk assessed, although they assured us no one currently residing in the home was at risk of burning themselves on an uncovered radiator. Nonetheless, the registered provider acknowledged the risk people might face from uncovered radiators should have been properly assessed and they have agreed to immediately risk assess all the home's radiators and to take prompt action where necessary to cover those identified as a potential hazard to people living in the home.

The environment continued to be well-maintained. Maintenance records showed service and equipment checks were regularly carried out at the care home by suitably qualified professionals in relation to fire extinguishers, fire alarms, emergency lighting, portable electrical equipment, water hygiene, and gas and heating systems.

The provider still had suitable arrangements in place to deal with foreseeable emergencies. Records showed the service had developed a range of contingency plans to help staff deal with such emergencies. For example, we saw personal emergency evacuation plans (PEEPs) in people's care plans, which ensured staff knew who needed additional support to be evacuated from the premises in the event of a fire and what risks were associated with people smoking. Records showed staff routinely participated in fire evacuation drills at the home and received on-going fire safety training. Staff demonstrated a good understanding of their fire safety roles and responsibilities.

People continued to be protected from the risk of abuse or harm. One person said, "Yes, I do feel safe here." The provider had robust systems in place to identify, report and act on signs or allegations of abuse or neglect. Staff had received up to date safeguarding adults at risk training and were familiar with the different signs of abuse and neglect, and the appropriate action they should take immediately to report its occurrence. A member of staff told us, "I would call Merton safeguarding team and the CQC if I thought anyone at Sunlight House was being mistreated." The registered provider confirmed no safeguarding incidents involving people who lived at the home had occurred in the last 12 months.

People continued to be protected by the prevention and control of infection. People told us the home

always looked clean and tidy. Representatives of Merton Seniors Forum told us, "All areas of the home are clean and tidy." Records indicated all staff had received up to date infection control training and there were clear policies and procedures in place. Staff were knowledgeable about what practices to follow to prevent and control the spread of infection.

Appropriate systems were in place to minimise any risks to people's health during food storage and preparation. We saw the kitchen was kept hygienically clean, and staff and people living in the home always used colour coded chopping boards when preparing different food groups. Staff maintained up to date daily fridge and freezer temperature checks. The home had been awarded the top food hygiene rating of 5 stars by the Food Standards Agency (FSA). All staff had completed up to date basic food hygiene training.

The provider's staff recruitment processes remained robust. The provider's recruitment procedures enabled them to check the suitability and fitness of both new and existing staff they had employed. This included checking people's identity, obtaining references from previous employers, checking people's eligibility to work in the UK and completing criminal records checks (i.e. Disclosure and Barring Service (DBS) checks). We saw the service had followed their own recruitment policy and recognised best practice by not allowing a prospective new member of staff to commence working at the home until they had provided them with an up to date Disclosure and Barring Service (DBS) check. This meant people living in the home were not placed at unnecessary risk of harm by being supported by unsuitable staff.

The service continued to be adequately staffed. A person told us there were always plenty of staff working in the home, which meant they could talk to staff whenever they needed too. We saw two members of staff and the registered provider were all on duty when we arrived unannounced at the service for our inspection. We also saw the staff rota was planned and took account of the number and level of support people living in the care home required. A member of staff told us, "There's always two staff on duty during the day. As you can see we've got an agency member of staff in today at short notice when our regular staff rang in sick earlier." The registered provider confirmed a minimum of two staff were always on duty during the day. The provider also told us the service continued to operate an on-call system at night, which ensured the one waking staff on duty at night would be able to contact them for advice or additional assistance in the event of an emergency.

Medicines continued to be managed safely. People's care plans contained detailed information regarding people's prescribed medicines and how they needed and preferred these to be administered. We saw medicines were stored safely in a locked medicine cabinet in the office. Medicines administration records (MARs) were also appropriately maintained by staff. For example, there were no gaps or omissions on any of the medicines records we looked at. Protocols for managing 'as required' medicines were in place and clear instructions were available for staff so they knew when and how to administer these types of medicines. Staff received up to date training in the administration of medicines and their competency to continue doing this safely was routinely assessed.

Good

Is the service effective?

Our findings

The provider continued to ensure staff had the right knowledge and skills to deliver effective care to people they supported. A community mental health care professional told us, "The staff I've met here appear to have a good knowledge of our clients' health and social care needs." All new staff continued to receive a thorough induction that included shadowing experienced staff on their scheduled visits and completing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Existing staff received ongoing training the provider considered mandatory, which included attendance of mental health care, learning disability and autism awareness courses. Staff demonstrated a good understanding of their working roles and responsibilities.

Staff also spoke positively about the training they had received. One staff member said, "The training is very good here…There's plenty of it and its always ongoing." The registered provider told us in response to one person's changing health care needs and the health care needs of a new admission; that all staff had recently received specialist falls prevention and diabetes awareness training.

Staff continued to have sufficient opportunities to review and develop their working practices. The provider still operated a rolling programme of regular supervision (one-to-one meetings), competency assessments, practice observation and annual appraisals. Staff told us they were encouraged to reflect on their working practices and training needs, and discuss any issues or concerns they might have about their work.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Managers had identified that some people required their liberty to be deprived to keep them safe and free from harm. We saw the service had applied to the local authority for authorisation to deprive people of their liberty and maintained records about the restrictions in place and when the authorisations were due to be reviewed.

We also found appropriate arrangements continued to be in place to ensure people consented to their care and support before this was provided. People's care plans showed their capacity to make decisions about specific aspects of their care was assessed. We saw staff always offered people a choice and respected the decisions they made. For example, during lunch we observed staff ask a person what they would like to eat for their lunch that day. Staff received MCA and DoLS training and demonstrated a good understanding and awareness of people's capacity to consent and to make decisions about their support.

People were still supported to have a well-balanced healthy diet. One person described the food they chose to eat at the home as "nice". They told us, "When the staff on duty asked me this morning what I wanted for my lunch today I told them I fancied something hot like soup because it's cold outside." A member of staff told us they would not prepare any food in the home without first finding out what people living there wanted to eat. Records of meals eaten indicated people often chose to eat different meals at mealtimes. For example, the previous day we saw people had chosen to have three different meals for their evening meals which included spaghetti Bolognese, curry and fish and chips. People's care plans included detailed information about people's different food preferences and dislikes.

People were supported to maintain their physical and mental health. Staff ensured people attended scheduled health care appointments and had regular check-ups with their GP, community psychiatric nurses (CPN), psychiatrists, occupational therapists, physio-therapists, dentist, opticians and consultants overseeing people's specialist health needs. People's individual health action plans set out for staff how their specific healthcare needs should be met. People also had a hospital passport. This is a document that has been specially developed for people with a learning disability and contains important information medical staff may need to know about a person's personal and health care needs if they are admitted to hospital.

The service has been suitably adapted to meet people's individual changing mobility needs. We saw a bedroom and communal areas had recently been adapted on the advice of an occupational therapist (OT) to enable an individual whose mobility needs had significantly changed in the last 12 months to continue living and moving independently around their home. This individual's bedroom now included OT approved non-slip flooring, grab rails in their en-suite toilet and at the top of the stairs. In addition, we saw building work had commenced on creating a new wheelchair accessible ground floor bedroom and en-suite toilet and shower facilities for them.

Good

Is the service caring?

Our findings

At our last inspection we found inappropriate language had been used in a person's care plan. For example, the care plan contained a number of phrases with negative connotations that staff had used to describe this individual. We discussed this with the registered provider at the time, who agreed that some of the phraseology used in their care plan had been wholly inappropriate. At this inspection we saw the registered had reviewed everyone's care plans, removed any inappropriate language where necessary and had reminded staff to be more careful about their choice of words they used when describing people, they supported in their care plan.

The one person we talked with who lived at Sunlight House spoke positively about the service they received there. Typical comments included, "The staff are very nice. I like my key-worker" and "I like living here." Verbal and written feedback we received from various community professionals who represented people living in the home were equally complimentary. They included, "Staff are always warm and friendly, and display a genuine interest in the people they support", "This is a lovely calm home where the staff ensure people who live there are comfortable and secure" and "People were keen to tell us how much they liked living at Sunlight House because the staff were always very kind and caring towards them."

Positive relationships continued to exist between people living in the home and staff. People looked at ease and comfortable in the presence of staff. Conversations we heard between people and staff were characterised by respect and warmth. We saw several good examples of staff sitting and talking with people in a relaxed and friendly manner.

Staff ensured people's right to privacy and dignity continued to be upheld. People told us they had been given keys to lock their bedroom door if they wished and staff respected their privacy by not entering anyone's bedroom without their expressed permission to do so. A member of staff told us, "I always give people the time and space they need." They also gave us a good example of how they always offered one person they supported the chance to receive any personal care they needed much later in the day, which was a decision they often took.

People were supported to maintain relationships with people that mattered to them. Staff told us all three people who lived at the home had a close relationship with their next of kin. At the time of our inspection one person was visiting their mother at home for the day, which they did every week. In addition, several community mental health care professionals told us they were always made to feel welcome by staff whenever they visited the care home.

People's diverse cultural and spiritual needs and wishes continued to be respected and met in an appropriate way by staff. We saw staff supported a person to cook food that reflected their ethnic heritage and tastes. Representatives of Merton Seniors Forum told us people who have expressed a wish to regularly attend church services are supported by staff to do so. During our inspection we met two people who represented a well-known Christian organisation that held a Bible class for one person who lived at the care home, which they told us they did every week at this individual's request. Records of meals people ate

indicated staff regularly prepared a variety of Asian style cuisine at the request of two people who lived at the care home and traditional British style meals for another person who preferred to eat this type of food. Staff had received equality and diversity training and they demonstrated a good awareness of the diverse cultural backgrounds and spiritual beliefs of the people they supported at Sunlight house.

People continued to be supported to maintain and develop their independent living skills. One person told us, "I sometimes help the staff to cook and this morning it was my turn to clean my room." A member of staff gave us a good example of how they encouraged a person to attend cookery classes at a local college and to put what they had learnt into practice by actively encouraging them to cook some of their meals at the home. Throughout our inspection we observed the one person who was at home freely access their bedroom and the kitchen. People's care plans reflected this enabling approach and included detailed information about people's dependency levels and more specifically what they could do for themselves and what help they needed with tasks they couldn't undertake independently.

People were still given choices about various aspects of their daily lives. People told us staff encouraged them to decide what they wore, ate and did every day. One person told us, "I chose the T-shirt I'm wearing today and it's up to me if I still want to go to college." Representatives of the local authority's 'Seniors Forum' told us people living in the care home were free to choose the food they ate and the leisure activities they participated in.

Good

Is the service responsive?

Our findings

Records showed staff had completed up to date end of life care training. However, people's preferences and choices for their end of life care was not recorded in their care plan. We discussed this end of life care issue with the registered provider. They agreed to sensitively raise it with the people who lived at the home and record their comment on the subject if their care plan if they wished to.

People continued to receive person centred care and support. A community mental health care professional told us, "My client has quite complex emotional needs and appears to have responded well to the planned interventions carried out by the service. It's all set out clearly in my clients care plan, which the provider helped develop." People's care plans reflected the Care Programme Approach (CPA). CPA is a type of care planning specifically developed for people with mental health care needs. People's care plans contained detailed information about an individual's personal, social and physical and emotional health care needs, abilities, the level of support they required from staff to stay safe and well, and what their goals were. They also included detailed information about people's life history, daily routines, social interests, food and drink preferences, and relationships they had with people that mattered to them.

People's care plans continued to be reviewed regularly. We saw people's care plans were immediately reviewed as soon as an individual's needs and wishes changed. For example, one person's care plan had been revised and updated on a quarterly basis with all the relevant health and social care professionals in response to this individual's changing mobility needs. Staff told us people were encouraged to remain involved in helping them and their professional representatives develop their care plan. This all helped ensure people's care plans remained accurate and current.

The provider continued to comply with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people they supported. We saw staff communicated with people in appropriate and accessible ways. In line with the Accessible Information Standard, people's care plans included detailed information about people's specific communication needs and preferred methods of communication.

People were supported to pursue social, educational and vocational activities that were important to them. The service also had good links with the wider community. One person said, "I like the people you saw this morning who do the Bible classes here every week...I also go to college, help the owner at a soup kitchen and go dancing sometimes, which I like." Community professionals and staff, we spoke with, also confirmed people who lived at the care home were encouraged to attend a local college where they studied art, maths, English and life skills. Records showed people were active members of the wider community and regularly went out to a local day centre, college, a gym, a library and various places of worship, parks, shops, cafes, restaurants and pubs. Staff confirmed people had been on various day trips to the coast and holidays during the summer months. The registered provider also told us one person who lived at the home regularly helped as a volunteer at a local homeless shelter preparing and serving meals.

The provider responded to complaints appropriately. We saw the provider had a procedure in place to

respond to people's concerns and complaints, which detailed how these would be dealt with. Copies of this procedure were given to everyone who lived at the home. We saw a process was in place for the provider to log and investigate any complaints received. The registered provider told us they had not received any formal complaints since our last inspection.

Good

Is the service well-led?

Our findings

At our last inspection we rated the service 'Requires Improvement' for this key question because the provider had failed to notify us in a timely manner about the occurrence of several police incidents involving people living at the home.

At this inspection we found the provider had taken appropriate steps to improve the way they notified the CQC about any incidents that adversely affected the health, safety and welfare of people living in the home. Since our last inspection the provider has submitted statutory notifications to us about a deprivation of liberty safeguarding application made to the local authority and changes to the physical structure of the home, which they were legally obliged to do. The registered provider demonstrated a good understanding of their role and responsibilities about meeting CQC registration requirements and for submitting statutory notifications to us about the occurrence of such incidents without delay.

The provider understood the importance of gaining the perspective of people they supported and their relatives. People living in the care home continued to be actively encouraged to remain involved in discussions about the service they received and how it might be improved. Records showed the provider used a range of methods to gather people's views and/or suggestions, which included regular one-to-one meetings, care plan reviews with their designated key-worker and monthly house meetings with their fellow peers. The service also used satisfaction questionnaires to obtain feedback from people living in the care home, their relatives and their health and social care professional representatives. The results of the service's most recent stakeholder satisfaction survey were all positive.

The provider continued to value and listen to the views of staff. Staff were actively involved in developing the service and were encouraged to propose new ways of working. Staff spoke favourably about the way the registered provider ran the care home. Staff had regular opportunities to contribute their ideas and suggestions to the management of the service through regular individual supervision and group team meetings. Records of this contact showed discussions regularly took place which kept staff up to date about people's changing care and support needs and developments in the care home.

There remained clear oversight and scrutiny of the service. We saw there was a rolling quality assurance programme in place which involved the registered provider and senior staff carrying out a range of routine audits to constantly monitor the quality and safety of the service they provided. These audits included checks on care planning and risk assessing, management of medicines, staff training and supervision, fire safety, accidents and incidents, infection control and food hygiene, finances, and health and safety.

The provider worked closely with various local authorities and community mental health, health care and social care professionals. The registered provider gave us a good example of how they had worked closely with an occupational therapist, a GP and a social worker to seek their professional advice and suitably adapt the premises to enable a person whose mobility needs had significantly changed in the last 12 months to remain living at the home and as independently as they could.