Autism East Midlands

Fairview

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an announced inspection of the service on 16 May 2018. Fairview is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service supports people who have a learning and/or physical disability.

Fairview accommodates up to six people in one building. During our inspection there were six people living at the home. This is the service's first inspection under its current registration.

The care service 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 using the service can live as ordinary a life as any citizen.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 supported by staff who understood how to protect them from avoidable harm. The risks to people's safety were assessed and acted on without restricting people's freedom. There were enough staff to support people. People's medicines were managed safely. Staff understood how to reduce the risk of the spread of infection. Accidents and incidents were regularly reviewed, assessed and investigated by the registered manager and the provider's senior management team.

People's physical, mental health and social needs were assessed and met in line with current legislation and best practice guidelines. Staff were well trained and had their performance regularly reviewed. People were supported to maintain a healthy and balanced diet. The registered manager had built effective relationships with external health and social care organisations and people's health was regularly monitored. The home environment was well maintained and adapted to support people with a learning and/or physical disability. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff were caring, treated people with dignity and respect and listened to what they had to say. Staff took the time to build positive relationships with people. People were supported by staff who understood their needs and supported them with making decision about their care. People's diverse needs were respected. People were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates. There were no restrictions on people's friends or relatives visiting them. People's records were handled appropriately and in line with the Data Protection Act.

Sufficient end of life care planning had not taken place, which could affect people's rights when they neared the end of their life. Support records were in place and provided staff with the guidance needed to support people. However, some of these records needed archiving to reduce the risk of people receiving inconsistent care and support. Comprehensive processes were in place to ensure when people moved to the home their transition had minimal impact on their well-being. Support records contained detailed, person-centred guidance that enabled staff to respond to people's individual preferences. People were treated fairly, without discrimination and systems were in place to support people who had communication needs. Records showed complaints had been dealt with appropriately.

The home was led by an enthusiastic registered manager who had the support of a dedicated team of staff and senior managers to assist them with carrying out their role effectively. Staff were able to develop their roles, with some staff encouraged to attend management training. Staff felt valued and enjoyed their role. People, relatives and staff were encouraged to give their views about how the home could be improved and developed. The provider continually sought ways to learn from mistakes. Robust quality assurance processes were in place that ensured people continued to receive good quality care and support.

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.

Staff knew how to keep people safe and to reduce the risk to their safety. There were enough staff to support people. People's medicines were managed safely. Staff understood how to reduce the risk of the spread of infection. Accidents and incidents were regularly reviewed, assessed and investigated.

Is the service effective?

Good

The service was effective.

People's physical, mental health and social needs were assessed and met in line with current legislation and best practice guidelines. Staff were well trained. People were supported to maintain a healthy and balanced diet. The registered manager worked with other external health and social care organisations to ensure people received the care they needed. The home environment was well maintained and adapted to support with a learning and/or physical disability. People's right to make choices about their care was respected.

Is the service caring?

Good

The service was caring.

Staff were caring, treated people with dignity and respect and listened to what they had to say. People's diverse needs were respected. People were encouraged to lead as independent a life as possible. There were no restrictions on people's friends or relatives visiting them. People's records were handled appropriately and in line with the Data Protection Act.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Sufficient end of life care planning had not taken place. Support records were in place, however, some of these records needed archiving to reduce the risk of people receiving inconsistent care and support. Comprehensive processes were in place to ensure

when people moved into the home their transition had minimal impact on their well-being. Support records contained details of how people preferred to be supported. People were treated fairly, without discrimination. Records showed complaints had been dealt with appropriately.

Is the service well-led?

Good

The service was well led.

The home was led by an enthusiastic registered manager who had the support of a dedicated team of staff and senior managers to assist them with carrying out their role effectively. Staff were able to develop their roles, with some staff encouraged to attend management training. Staff felt valued and enjoyed their role. People, relatives and staff were encouraged to give their views about how the home could be improved and developed. The provider continually sought ways to learn from mistakes. Robust quality assurance processes were in place that ensured people continued to receive good quality care and support.

Fairview

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 16 May 2018 and was announced. We gave the service 24 hours' notice of the inspection site visits. We gave this notice because we wanted to be sure the registered manager would be available. We also wanted to cause minimal disruption to the people living at the home.

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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 reviewed other information we held about the home, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted city council commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

During the inspection, we were unable to speak with the people living there due to their varying ability to communicate verbally. We spoke with two relatives, two members of the support staff, the new home manager, the registered manager and the assistant director. We also received feedback from one healthcare professional.

We looked at all or parts of the records relating to five people who used the service as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for support staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

Relatives told us their relatives felt safe living at the home. They told us staff understood how to keep them safe. One relative said, "It's very safe there, there is no question about it."

People were supported by staff who understood how to protect them from avoidable harm. Staff were able to explain how they acted on any concerns they may have about people's safety. This included the process for reporting these concerns to the local authority safeguarding team. Records showed a safeguarding adults policy was in place, staff had received safeguarding adults training and any incidents that required reporting to external authorities had been done in a timely manner. This helped to protect people from potential abuse, neglect and harassment.

The risks to people's health and safety had been assessed and action taken to reduce the risk of people experiencing avoidable harm. This included assessments of people being able to access the community, carrying out their personal care and managing their own medicines. Each person had a positive behaviour risk assessment and support plan in place. These enabled staff to support people and those around them if they presented behaviours that could challenge others. All risk assessments were regularly reviewed to ensure they reflected people's current needs. The least restrictive options were always preferred, ensuring people were able to lead their lives safely without unnecessary restrictions.

Regular assessments of the home were carried out to ensure it was safe. Regular maintenance was undertaken that ensured where improvements to the layout or décor of the home were needed; this was done in a timely manner, with minimal disruption for people. Regular servicing of gas installations, fire prevention equipment and equipment used to support people were also carried out. This ensured people lived in a safe environment.

Procedures were in place that ensured staff were recruited safely, with robust checks being carried out before they commenced their role. The three staff files we looked at showed criminal record checks had been completed and proof of identity and references had been requested. These checks reduced the risk of people receiving care from unsuitable staff.

Relatives told us they felt there were enough staff in place to support their family members and to keep them safe. Where people required continuous supervision, (sometimes known as one to one support) this was provided. We observed staff throughout the inspection and they were present where needed, without intruding on people's privacy.

There were enough staff to keep people safe, respond to their needs and to support them accessing the community. The assistant director told us staff were flexible and covered shifts when needed. They also used staff from another service from within the provider group to assist with covering shifts when needed. This helped to ensure people received consistent care from staff they knew. We were told that on the rare occasion when agency staff were used, they requested the same people, again to aid with consistent care and support. The registered manager told us all agency staff, when arriving at the home for the first time,

were provided with an introduction to the layout of the home and to meet the people they were supporting. This included showing them where the fire exits were in case of emergency. We did note that this introduction was not written down and did pose the risk of inconsistent information being given to new agency staff, which could pose a risk to people's safety. The assistant director told us they would work with the registered manager to implement a formal process to reduce to this risk.

People received their prescribed medicines when they needed them. Risk assessments had been carried out to determine people's ability to manage their own medicines. All of the people living at the home required some assistance with their medicines. People's medicines were stored safely and could not be accessed by unauthorised personnel. We checked the stock of medicines for three people. We found they had the correct amount of medicines in place.

Each person's individual support records contained guidance for staff on how each person wished to be supported with their medicines, whether they had any allergies and how they preferred to take their medicines. Each person had medicine administration records (MARs). The MARs we looked at contained recorded evidence of when people had taken or refused to take their medicines. When a person had refused to take their medicines this was recorded. These processes contributed to the safe management of people's medicines at the home.

Where people needed medicines on an 'as needed' basis, protocols for their safe administration were in place for most of them. This included medicines that could alter a person's behaviour. We noted detailed support plans were in place for staff, which offered alternative methods of support to be attempted before finally giving these types of medicines. Authorisation was always requested from senior members of staff before administering these medicines. This reduced the risk of inconsistent administration, which could affect people's health.

Although we did not observe staff administer medicines during the inspection, the staff we spoke with could explain confidently how they did so safely. Records showed staff received reviews of their competency to administer medicines and where areas for improvement were needed, support was provided. This ensured people's medicines continued to be managed safely.

Staff had completed infection control training and training to ensure food was prepared hygienically and safely. This helped them to reduce the risk of the spread of infection within the home. We noted the home was clean and tidy and staff had access to personal protective equipment such as rubber gloves and aprons and we observed staff used them throughout the inspection. Regular infection control audits were conducted to enable the registered manager to identify any potential infection risk. This contributed to people living in a safe, clean and hygienic environment.

Regular reviews of the accidents and incidents that occurred were carried out. These reviews enabled the registered manager to identify any themes or trends, which would enable them to put preventative measures in place to reduce the risk of reoccurrence. This could include amending staff rotas to ensure more staff were available to support people at specific time of the day if needed. Serious incidents were reported to the provider and, where needed, actions were put in place to address any immediate concerns for people's safety. Where amendments to staff practice were needed these were discussed during supervisions or team meetings.

Good

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed and met in line with current legislation and best practice guidelines. The registered manager was aware of the National Institute for Health and Care Excellence guidelines and could explain how they were used to support people effectively. People's individual support records contained up to date professional guidance to support people with their health conditions. For example, we saw information in one person's records from the Royal National Institute of Blind People, which offers support and guidance for people experiencing sight loss. The registered manager told us they used information like this and others to educate their staff on the most effective ways to support people and to contribute to enhancing their lives.

People were supported by staff that knew how to care for and support them. Relatives told us staff were able to support their family members effectively and we observed staff doing so. Staff were provided with an induction, in depth training programme and continued professional development to equip them with the skills needed to carry out their role effectively. New staff completed the Care Certificate induction programme. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. We were told that staff remained on probation until they had completed their Care Certificate. The assistant director told us this ensured staff were fully committed to meeting the required standards to work with people and to support them safely and effectively.

Staff performance was assessed throughout their employment. Where development needs had been identified, these were addressed with staff during their supervision, or if needed, through further training. The staff we spoke with all felt well trained and felt supported by the registered manager and the provider.

We noted training had been completed in areas designed to support people who had a learning disability. Training included, 'Autism awareness' and 'Crisis Aggression Limitation Management' (CALM). We were told CALM was used to support staff with establishing non-restrictive responses to behaviours that may challenge, including aggression and violence from people living at the service. The registered manager told us this training had helped to reduce the number of incidents that had occurred at the home resulting in a calmer, safer place for people and staff to live and work together.

Where people had been assessed as a high nutritional risk, records were used to monitor how much food and drink they consumed. This enabled staff to identify if people were not consuming enough and action could be taken. Where needed, referrals to dieticians were made to assist with reducing the risk to people's health.

People's specific dietary requirements were recorded in their support records and staff were aware of each person's needs and preferences in relation to their eating and drinking. Staff monitored people's weight and took action to address excessive weight loss or gain. We noted some people had a preference for consuming fizzy drinks and in some cases excessive amounts. Risk assessments and support plans were in place to assist staff with limiting the number of these drinks consumed by people. This helped reduce the danger of

sugary drinks on people's health.

People received support with buying and cooking their meals, where people were more able. People were supported with making healthy food and drink choices and during the inspection; we noted people were able to choose the meals they wanted. The kitchen was well stocked with a variety of food and drink. We were told by the registered manager that people did not currently have any cultural or religious needs that affected the types of food they could eat, but, if they started supporting someone that did, then support records would be updated and staff informed.

The registered manager had ensured that positive relationships had been made with other healthcare agencies involved with people's care, to ensure they received effective care, support and treatment. To enable a smooth transition between health and social care services and to reduce the impact on people, care records contained detailed information about their health needs. This included how people communicated, their personal preferences concerning how they liked their healthcare to be provided and any known risks that other agencies should be aware of. A 'Hospital Traffic Light' assessment was in place for each person. This contained easily transferrable information about each person. This ensured that when people required a visit to their hospital or other health or social care service, they had clear and up to date information that would enable those services to provide people with the care and support they needed quickly.

Fairview was well maintained, spacious and provided people with the space they needed to lead their lives without restriction. There was ample and accessible outside space for people. However, this could be better developed to provide a more stimulating and interesting environment for people. The home and garden areas were secure. People's bedrooms, communal areas, including bathrooms and toilets were equipped with modern furnishings. There was an on-going plan for improvement and development of the home to ensure people continued to live in a safe and welcoming environment.

We observed staff talking with people, asking for their views and responding accordingly. The staff we spoke with were confident that they ensured people were able to make their own choices and they respected and acted on their views. One staff member said, "I always ensure I don't just do things for people, I involve them as much as I can and that helps them to build trust with me."

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.

Where people lacked the ability to consent to decisions about their care, their support records contained assessments to ensure decisions that were made adhered to the principles of the MCA. When a person was unable to consent to a decision, mental capacity assessments were completed. We saw assessments had been completed in a wide number of areas that included people's ability to manage their own medicines. We noted best interest documentation was in place when a particular decision had been made for people. This documentation is important, as the views of the people who have contributed to the decision, normally the person's relative or appointee, are recorded, to ensure that as wide a range of views are considered before a final decision is made. This ensured people's rights were respected.

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 are 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 were being met. The registered manager made DoLS applications where necessary and authorisations were stored in each person's support records along with a support plan in relation to DoLS. The registered manager told us there were no conditions stated on any of the DoLS that had been granted and we found this to be the case in the DoLS we reviewed. This meant no unnecessary restrictions were placed on people and their rights were protected.

Good

Is the service caring?

Our findings

Relatives told us they found the staff to be kind and caring and treated their family members with respect. One relative said, "The staff are pretty good, they are definitely caring. They do care for [name] very well."

People had formed positive relationships with staff. It was clear from our observations and from what people told us that they got on well and enjoyed each other's company. There was a calm atmosphere within the home, with people responding positively to the staff's patient and compassionate approach. We observed some good interactions and caring moments between people and staff. We observed some caring moments. For example, a staff member gently touched a person's leg to indicate which shoe would go on which foot. No words were spoken, but the approach of the staff member indicated they understood how to support this person. We also noted this person was encouraged to get ready to go out independently of staff. We also observed another person being supported in choosing appropriate clothing for the weather. The staff member reminded the person of the weather symbols on the notice board and encouraged a more appropriate choice and positively congratulated the person when they had made their choices. Both examples showed skilful interactions with day-to-day tasks, which enabled and promoted people's independence.

People had varying communication needs, some were able to communicate verbally and others needed the support of Makaton and picture communication exchange systems (PECS). These communication systems use signs, symbols and pictures as a way of communicating with people with a learning disability such as autism spectrum disorder, also known as ASD. Records showed these signs and symbols had also been adapted to reflect people's personal interpretation of what the signs meant to them. We noted a 'story board' had been used to help explain to a person how they would be supported to manage a certain element of their personal care. The registered manager told us this had a positive effect on the person enabling staff to support them effectively. This meant effective, inclusive and evolving methods of communication were in place to ensure all people were not discriminated against as a result of their learning disability.

We observed staff respond to people's opinions and choices. Staff showed a clear understanding of people's wishes and responded appropriately to them. Support records showed some efforts had been made to record how they and/or their relatives had been involved with decisions made about their care and support needs. However, this information was limited in places. The registered manager told us the records did not accurately reflect the frequency with which they involved people. They told us they would ensure support records were more thoroughly completed to reflect people's level of involvement.

People had the opportunity to have an independent person to speak on their behalf to support them with making decisions if they wished them to. Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. At the time of the inspection, no advocates were currently being used.

People were treated with dignity and respect. Staff respected people's right to privacy. Relatives confirmed that staff knocked on their family member's bedroom door before entering. We observed a staff member doing so. A relative praised the approach of staff when supporting their family member with personal care. They described the staff as "respectful" and "gentle". We spoke with staff about the people they supported. They were knowledgeable about people's needs and spoke passionately about how they ensured people were treated with dignity and respect. One staff member told us they would report any undignified or disrespectful care immediately to the registered manager.

The registered manager told us rotas were often planned to ensure that if people had personal preferences for specific staff they did all they could to accommodate people's wishes. They also said that if people started to use the service that had specific cultural or religious needs that needed specific staff in place to support them, then this would be accommodated wherever possible.

People's care records were stored safely, ensuring the information within them was treated confidentially. Records were locked away from communal areas to prohibit unauthorised personnel from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the Data Protection Act.

There were no restrictions on people's family and friends visiting them.

Requires Improvement

Is the service responsive?

Our findings

Processes were not currently in place to ensure that people's rights and wishes were respected at their end of their life. No one was currently receiving end of life care at the home. However, there was limited information within each person's support records to show this had been discussed with them or their relatives should this care be needed. We noted 'bereavement questionnaires' had been sent to relatives in 2014 asking for their views on how their family member may wish to be supported at the end of their life. However, no follow up to these questionnaires had been carried out and no end of life support plans were in place. This placed people at risk of not receiving the care and support they wanted. The assistant director told us they had recognised that not enough had been done to ensure a consistent approach to end of life care planning at the home. They told us this had been raised at senior management meetings from the provider's group of services and action would be taken to address this to ensure people's rights were protected.

Before people started to use the service, an assessment was carried out to ensure people could receive the support they needed. This included visiting the home and spending time with the people living there and staff, to help the person familiarise themselves with their new surroundings, and the people they would be living with. When people moved from the home's previous address, a lot of work had been carried out to ensure the transition for these people had as little impact on their well-being as possible. We saw the transition plans for each person were personalised and planned for each person's specific needs. Records showed photos of people's new bedrooms and communal areas were made available for people as well as spending time at their new home, to help them adapt. The assistant director told us the move had gone very well and they were proud of the work their staff had done to limit the impact on people. Relatives praised the transition arrangements that were in place to support their family members. One relative said, "I was a bit worried, but [family member] accepted it. They've [family member] done well and that's down to the great staff." Another relative said, stated, "I believe there's been a big change for [family member], they are more settled, and they are coming along. It's a combination of the staff and the management." Another relative praised the staff and said since their family member had moved to Fairview the concerns about their health had now been, "A weight off my mind."

People had detailed and personalised support plans in place that informed staff how they wished to be supported. This included people's daily routines, their preferred food and drink choices and their hobbies and interests. Records showed there were detailed support and health plans in place to guide staff on how to respond to people's specific health and care needs. Many of these records were up to date and regularly reviewed. However, we did note that some records had not been fully completed. For example, one person's support plan had handwritten entries written all over the document that had been completed during a review. Whilst reviewing the document showed efforts had been made to ensure people continued to receive the support they wanted, this document had not been typed up into a new support plan. We also noted some records required archiving with some records many months out of date. This could lead to confusion amongst staff and lead to inconsistent care being provided. The registered manager and assistant director agreed. They told us plans were in place to transfer all paper based records to a new electronic format. They told us this would improve the quality of record keeping by reducing the risk of records not

being reviewed or archived when out of date.

Staff could explain how they ensured that people were not discriminated against. The provider ensured people with a living learning disability had access to relevant information about their care and support needs. The registered manager was aware of the Accessible Information Standard, which ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. We saw easy read information for people who had communication needs. The registered manager told us they were in the process of reviewing how people's support plans were completed to enable people to become more involved. This, we were told, would include photographs, pictures, signs and symbols that were important to each person and would help staff continue to provide personalised care and support for each person.

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. People did not currently have specific wishes in this area but if they did they the registered manager told us they would ensure that sufficient support was given.

Relatives told us their family members led active lives and they were able to access the community and their chosen activities when they wanted to. People's support records showed their preferred activities and interests had been discussed with them and/or their relatives and staff supported them with leading fulfilling lives. People's goals and aspirations had been recorded and progress in achieving these had been recorded. Staff rotas were regularly amended to enable people to have regular access to their chosen activities, with staff who understood how to support them and to keep them safe. This meant people were supported to lead their lives in the way they wanted to.

Records showed the registered manager was aware of their responsibilities to ensure that when a formal complaint was made, it was investigated and acted on in good time, with a response sent to the complainant. This response outlined the action that had been taken and if required, apologies were given. Learning from complaints made, formed a regular part of senior management meetings and where needed, discussions were held with staff to ensure they were aware of improvements that were needed.

Good

Is the service well-led?

Our findings

Relatives told us they were happy with the quality of the care provided for their family members at the home. One relative said, "They've got the right ideas to move forward and I know [family member] is well looked after."

Staff told us they enjoyed working at the home. They told us they felt respected by the registered manager and senior management and felt they contributed to improving the lives for all people. Staff also felt able to give their views on how the service could be developed and were given the opportunity to give their views in staff meetings and supervisions. Questionnaires were sent out on a bi-annual basis to obtain the views of people who used the service, their relatives and staff to enable the home to continually improve and develop. The results of the most recent questionnaire were due to be analysed soon and any areas for improvement would be discussed with the registered manager and the senior management team.

People were supported by staff who felt valued, their opinions were respected and they understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

Relatives and staff praised the registered manager. One relative described them as "proactive". A staff member told us they found the registered manager to be "approachable and interested in what I have to say."

The service was managed by an enthusiastic and dedicated registered manager. They had a clear understanding of their role and responsibilities. They had the processes in place to meet the requirements of a registered manager with the CQC and other agencies, such as the county council safeguarding team. The registered manager had also ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service. We were informed by the assistant director that the registered manager was in the process of handing over to another member of staff to manage the home and who would become registered with the CQC to do so. They were in the middle of a detailed handover process where the new manager was taking on more areas of responsibility week by week. The assistant director told us this measured approach would ensure a smooth transition between the two managers without placing too much responsibility on the new manager before they were ready. This, they said would ensure there was no impact on the quality of the care people received.

The registered manager had the experience needed to manage the service effectively. They had the support of the provider to ensure that people received a high standard of person centred care and support. The provider was continually seeking ways to improve the quality of the care provided for people and also to provide an enjoyable place form staff to work. A training programme for 'aspiring managers' was in place to encourage staff who wished to move into a managerial role in the future. Regular reviews of staff competency were also carried out with 'team refresher training' provided via e-learning, running alongside formal training. This enabled the registered manager to address any concerns with staff awareness in

advance of formal refresher training. These processes ensured staff were given the opportunity to develop and to maintain the required level of knowledge needed to continue to support people effectively.

Quality assurance systems were in place to help drive improvement at the service. The responsibility for carrying out these audits was shared amongst senior staff who all reported directly to the provider. Registered managers of other services within the provider group carried out audits on each other's homes. This enabled registered managers to share best practice and to identify any themes that could affect the quality of care provided across all homes.

Representatives of the provider met every month to assess any serious incidents or accidents that had occurred that could affect this home as well as others in the provider's group. Discussions about safeguarding concerns or serious incidents were carried out and then agreed actions were put in place. The registered manager was then held to account for implementing the required actions by the agreed deadline. All of these quality assurance processes contributed to people receiving a good standard of care and support.

The registered manager had an open and transparent approach when working alongside other health and social care agencies. Records showed other agencies had been fully involved with decisions relating to people's care and support needs. This ensured staff were equipped to support people in line with other health and social care agencies recommendations and guidance.