

Sunnyside House Limited

Sunnyside House Limited

Inspection report

130 High Street
Aveley
South Ockendon
Essex
RM15 4BX

Date of inspection visit:
12 December 2017

Date of publication:
06 February 2018

Tel: 01708861201

Website: www.sunnysidehouse.co.uk

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 12 December 2017 and was announced.

Sunnyside House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Sunnyside House is registered to accommodate up to fourteen people who have learning disabilities who require nursing or personal care. The service does not provide nursing care. The service specialises in working with people towards developing independence with a view to them moving on into the community. Sunnyside House is a large detached property situated close to the centre of Aveley.

The 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.

The service requires and did have a registered manager. 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.

At our previous inspection in August 2015, the service was rated Good in all five domains. At this inspection we rated the key question 'Is the service Responsive?' as Outstanding. The other four key questions remained Good.

Staff at Sunnyside House were exceptionally responsive to people's individual care and support needs resulting in positive outcomes for people using the service. Significant emphasis was placed on providing person centred care to enable people to lead meaningful and fulfilling lives. This included, supporting people to acquire independent living skills to enable them to move on from Sunnyside House to more independent living settings. People, including where appropriate their relatives and health and social care professionals, were actively encouraged to be involved in the planning and review of their care and support needs.

Staff had a good understanding and knowledge of people's backgrounds and the goals they wanted to achieve whilst living at the service. People were actively encouraged and supported by staff to follow their hobbies and interests and pursue educational and job opportunities. All activities were tailored around people's likes, choices and abilities.

People told us they felt safe and well supported by the staff at Sunnyside House. Robust recruitment

systems were in place which ensured staff were of good character and suitable for their roles. There were sufficient numbers of staff to help keep people safe, meet their needs and protect them from harm and abuse. Staff had received safeguarding adults training and understood the various types of abuse and how to report any concerns.

The service took a positive approach to risk taking to enhance the quality of people's lives and people were encouraged to be independent and to take everyday risks. Where risks to people's individual health and well-being had been identified, these had been appropriately managed. Where appropriate, people were supported with their medicines by staff who had received training in the safe management of medicines.

People were supported by staff who had completed and received on-going training to ensure they had the skills and knowledge required to provide effective care. Staff had a good understanding of the Mental Capacity Act 2005 and how this applied to their role and people were supported to have maximum choice and control of their lives. People were supported to have enough to eat and drink and to acquire the skills to maintain a balanced and healthy lifestyle. When required, people were supported to access health care services.

People were cared for by staff who knew them very well and who were kind and sensitive to their individual needs. There was a strong culture within the service of treating people with dignity and respect. People were encouraged to maintain relationships with people that were important to them. This included supporting people to visit, and receive visits from, their friends, partners and relatives.

The registered manager demonstrated strong values and a commitment to providing a good service which focussed on enabling people to achieve positive outcomes and have a good quality of life. Staff embraced the ethos and values of the service, were highly motivated and proud to work at Sunnyside House.

There was an open and inclusive culture within the service and people and staff were regularly asked for their feedback and encouraged to put forward suggestions to help improve the service. There were effective quality assurance systems in place to monitor the quality of the service and to drive continuous improvements.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service was outstandingly responsive to people's needs.

People received exceptional personalised care and support to enable them to achieve their goals and aspirations.

Staff provided excellent encouragement and support to people to enable them to engage and participate in a wide range of activities, job opportunities, hobbies and interests.

There was an effective complaints system in place.

Is the service well-led?

Good ●

The service remains Good.

Sunnyside House Limited

Detailed findings

Background to this inspection

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

The comprehensive inspection took place on the 12 December 2017 and was announced. We gave short notice of the inspection because the location is a small care home and people living at the service are often out during the day; we needed to be sure that someone would be in. The inspection was undertaken by two inspectors.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications we had received about the service and information from the local authority. Notifications are changes, events or incidents that the provider is legally obliged to send us.

During our inspection we spoke with four people, five members of staff, deputy manager and the registered manager. We looked at a range of documents and written records including two people's care plans, risk assessments and daily records of care and support. We also looked at information which showed how the service was managed, reviewed staffing records, quality assurance information and minutes from staff and resident meetings.

Is the service safe?

Our findings

At our last inspection this key question was rated Good. At this inspection this key question remains Good.

There were systems in place to protect people from the risk of abuse and avoidable harm. Staff were trained in recognising the signs of abuse and how to respond and escalate concerns of suspected abuse. This included reporting to external organisations such as the Police, social services or the Care Quality Commission (CQC). Staff repeatedly told us they would not hesitate reporting any concerns and were confident management would act on them. One member of staff told us, "It's our job to protect people. I would whistle blow if I had to." Information was available to people in accessible formats, for example pictorial, to enable them to understand what constitutes abuse and how to report any concerns. One person told us, "If I felt bullied I would call the Police and I can talk with staff."

Robust risk assessments were in place which identified, and minimised, individual risks to people both within the service and when accessing the local community. For example, one person's goal was to go shopping without staff support. As part of their progress to achieve this, with the person's consent, staff shadowed the person checking to ensure they had an awareness of traffic, used zebra crossings and generally observed their confidence. Another person was being supported by staff to regain their confidence and equip them with the skills to visit their family safely. The registered manager told us, "Carrying out these [risk assessments] may seem small but this is a big thing in terms of impact [for people]." This approach was confirmed to us by people living at the service. They explained to us how staff had supported them to reach their goals in a safe way. One person told us, "I can now go to the local shops and to Lakeside on my own. I cannot go to London yet. I am working towards this but we [person and staff] need to work on this so I can be safe."

Staff had a good understanding of managing risks whilst allowing people as much independence as possible. Records showed that the service regularly assessed and reviewed risks associated with people's care and support which enabled people to have as much control and choice as possible when making decisions. This approach showed that the service was not risk adverse and risks to people were minimised, allowing them to feel safe and have as much freedom as possible.

Recruitment procedures were robust and thorough. Relevant checks were completed before staff were allowed to start work at the service. This included seeking references, checking gaps in employment history and carrying out checks with the Disclosure and Barring Service (DBS). DBS checks helps employers to make safe recruitment decisions. All new staff were required to complete a six month probationary period. There was a disciplinary procedure in place to respond to any poor practice by staff.

People were supported by suitable numbers of staff to keep them safe. The registered manager told us that staffing levels were flexible to ensure people's individual care and support needs were met. Staff told us that there were enough staff and, if colleagues called in sick, they always pulled together as a team to ensure sufficient staffing levels. During our inspection we observed staff supporting people in a timely way to meet people's individual needs.

People received their medicines as prescribed and there were systems in place for the safe management of medicines. Medicines were stored safely in a locked cabinet and were administered by staff that were appropriately trained and had their competency to administer medicines checked regularly.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An infection control policy was in place, which provided staff with information relating to infection control. This included PPE, hand washing and information on infectious diseases. We observed all areas of the home to be clean and there were suitable infection control systems in place including adequate supplies of PPE.

Systems were in place to record and monitor incidents and accidents and these were monitored by the registered manager. This meant that if any trends were identified prompt action would be taken to prevent reoccurrence. Records showed that staff were trained in first aid and fire safety and how to respond to emergencies. Contingency plans were also in place to deal with emergencies and a 24 hour on call system was in place. Staff were aware who to contact in the event of an emergency.

The registered manager also ensured information such as patient safety alerts were clearly shared with staff to reduce risks to people living at the service; for example, hot weather alerts and information about Christmas lights from the Fire Service. Although there had been no significant incidents since our last inspection, the registered manager described to us how they had reflected and learnt following a safeguarding concern. This had included sharing information with the wider staff team. This showed that the service had effective systems in place to identify and learn from internal and external events to ensure people's safety.

Is the service effective?

Our findings

At our last inspection this key question was rated Good. At this inspection this key question continues to remain Good.

The service was committed to promoting and embedding equality and diversity by ensuring people were treated fairly, valuing differences and removing barriers that limit access and opportunities. The service's My Life programme supported this. One member of staff told us, "We treat learners (term chosen by people living at the service) as individuals regardless of their disability and promote diversity for everyone."

All staff completed an induction when they started work at the service. This included training, reading policies and people's care records and completing shadow shifts with experienced members of staff. The progress of new staff was monitored regularly during their probationary period. Staff had received appropriate training and support to meet the individual needs of people. Staff spoke highly of the training programme and told us they were encouraged and supported to continue their learning. One member of staff told us, "I have had all the training I need, we all do. We always get asked at team meetings and at one to one's whether there is any other training we would like to do." Another said, "We get really good training. [Registered manager] is very strict about training and gives us plenty of time to do it. If we are not confident about anything we can always go and ask a senior; they would rather us be 100% with our learning." All the staff we spoke with told us they felt supported in their roles and enjoyed their work. Records showed they had received regular supervision and a yearly appraisal of their performance.

People were supported to eat and drink enough and maintain a balanced healthy diet. Staff encouraged people to be as independent as possible when preparing their meals; this included planning and cooking healthy meals and learning to manage their weekly shopping budget. One member of staff told us they had responsibility for ensuring people's nutritional needs were met. They said, "I want [people] to have as much fresh food as possible and reduce the amount of processed food people eat." The member of staff was knowledgeable about people's meal preferences and specific dietary needs and allergies and we saw that care plans clearly recorded this information. Where appropriate, people were supported to manage their weight. One person showed us their menu which was based on a well-known diet plan; they told us they enjoyed cooking with staff support. Another person told us that since living at the service they had lost seven stone and this had improved their self-esteem and health conditions.

People were supported to maintain good health including accessing healthcare services as required such as GPs, opticians and dentists. The outcome of health appointments were recorded within people's individual Health Action Plans so that staff were aware of the outcome of appointments and, where required, actions to take. The Health Action Plans clearly documented people's health conditions and supported people to manage their conditions. Care records showed when people came to live at the service they were offered the opportunity to become a member of a local leisure centre thereby promoting a healthy lifestyle.

People had hospital passports in place. These are documents which include information about the person's medical and support needs. They are used as a quick reference for sharing information with other

healthcare professionals. This ensured continuity of care and reduced people's anxiety for example if they were admitted to hospital. In one person's hospital passport it had been recorded that noise can trigger fear and the person would become anxious and distressed. The passport gave examples of how hospital staff could reduce the person's anxiety through colouring and watching television. Records demonstrated the service worked effectively with health and social care services to help ensure people's care needs were met.

People's diversity was respected and their rooms were personalised to reflect their own interests. People told us they had been involved in choosing colour options when their rooms had been redecorated. Assistive technology such as movement sensors, extreme heat and flood detectors were also used to support people's safety and independence. The garden area was spacious and tidy and a summer house was available for people to enjoy.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Standards (DoLS).

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received MCA training. They were able to demonstrate a good working knowledge of the MCA and understood the importance of gaining people's consent and helping people to make choices on a day to day basis. Where appropriate, people's capacity to make decisions had been assessed. We were assured from our observations that staff understood the importance of giving people choices and respecting their wishes. Where people had been deprived of their liberty appropriate applications had been made to the 'Supervisory Body' for a DoLS authorisation.

Is the service caring?

Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection and continued to receive a service that was kind and caring. The rating continues to be Good.

People and their relatives were consistently positive about the caring attitude of staff. One person told us, "All of them [staff] are brilliant." Another said, "There's a bond [with staff]. You need to have a bond, if you don't have that you cannot trust someone." A relative told us, "Everyone [staff] are so caring and kind I cannot fault them. They are all so friendly and welcome me with open arms. [Name of person] has done so well since coming here." They went on to tell us how the service had 'gone the extra mile' to support their family as a unit and how much they valued this on-going support.

Staff provided a caring and supportive environment for people who lived at the service and our observations showed that positive relationships had developed. It was evident that people valued their relationships with the staff. People and staff were relaxed in each other's company and it was clear from our observations and discussions with staff that staff knew people very well. There was free flowing conversation and exchanges about people's wellbeing, about their day and aspirations for the future. We saw staff interacting with people in a kind and thoughtful way, taking time to listen closely to what people were saying to them. For example, some people were being supported on the day of our inspection to go shopping. One person had drawn pictures of their shopping list to communicate to staff what they wanted to buy. We observed effective communication between members of staff with the person who assured the person they had understood what they wanted to buy. It was clear that staff's knowledge of the person was key to understanding what they were trying to communicate. We also observed another person being reassured by a member of staff as they were becoming anxious about going out on the shopping trip. We noted that the staff member had acted in line with the person's care plan to manage their anxiety.

People were involved in making decisions about the care and support they received. Care plans contained detailed information about people's likes, dislikes and preferences in regard to all areas of their care including cultural and religious beliefs. All the staff we spoke with were aware of people's preferences and daily routines. The Service User Guide and Agreement included information about local advocacy services. This encouraged people to 'Speak up' if they wanted someone to help them to raise things they were worried about. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager informed us that one person was currently being supported to access advocacy.

People were supported to be as independent as possible. This was reinforced by the My Life programme which supported people to acquire daily living skills such as cooking, cleaning, looking after money and social skills including confidence building and dealing with conflict. The programme also supported people to access volunteering opportunities, job search and travel safety. Staff actively encouraged people to do as much as they could for themselves and care records recorded what people could do for themselves and where they needed support. This ensured that staff provided care in a way that helped to acquire and maintain people's independence and support them to move on to more independent settings.

The service was committed to providing people with privacy and dignity. Four staff working at the service were 'Dignity Champions.' A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. Dignity workshops had also taken place for people using the service. During our inspection we observed staff knock on people's doors and ask permission to enter. Staff were also able to provide us with examples of how they ensured people's privacy and dignity was respected, such as supporting people with their medication in private and respecting people's wishes if they preferred to be on their own.

People were supported to maintain relationships with their families, partners and friends. People told us they used Skype and Facetime to stay in contact with friends and families. Relatives told us there were no restrictions on visiting times and they were able to visit at any time.

Is the service responsive?

Our findings

At the last inspection this was rated good. At this inspection this key question has been rated Outstanding. It was clear that people were placed at the heart of the service. There was a focus on promoting people's individual health and well-being. This focus resulted in excellent positive outcomes for people, such as increased independence and confidence.

The service carried out a pre-assessment prior to people moving into the service to ensure people's needs could be met. People were also offered the opportunity to visit the service and stay over to ensure they would be happy living there. One person told us, "As soon as I walked through the door with my family I knew this was the place for me."

People repeatedly told us that the service was exceptionally responsive to their needs and were extremely happy with the care and support they received. The registered manager said, and people and relatives confirmed, that the assessment and care planning discussions with people and their families were thorough. This was to ensure people's care plans fully met people's individual needs, preferences and expectations.

During our inspection it was evident that people were actively encouraged and empowered to be involved in the development and review of their care and support. A relative shared their experience of reviewing support. They told us the service was exceptional at meeting the care and support needs of their family member and that they were involved in the regular review of their care and support needs. They went on to explain that the service also extended support to the wider needs of their family; they said, "I don't know what we would have done without them." Each person had a dedicated keyworker to discuss and respond to their needs. However we saw all staff were knowledgeable about how each person wanted their care and support to be provided.

People's care plans were extremely person centred and tailored to meet their individual needs such as their goals and aspirations, what was important to them and how they would like support to be delivered. For example we saw one person had decided to strive towards independence with domestic chores and hygiene. The person told us and we saw that they had successfully achieved their goal since moving to Sunnyside. Personal goals along with care preferences, specialised care needs and any cultural or spiritual needs and wants were discussed every six months or sooner if necessary to continue people's growth. Records showed that people, their families and other health and social care professionals had been consistently and actively involved in the development and review of people's care plans.

People were given a four week induction to the service. The registered manager told us the importance of a robust induction to ensure they understood exactly how each person wanted to be supported in order to achieve a positive transition into the service. The induction covered many topics including an introduction to the My Life programme and an appointment with a Disability Employment adviser, completion of a Health Plan, arranging bus/train passes and the offer of advocacy services. The robustness of the induction programme meant the visions of the service were clearly understood by staff and people alike which created a positive culture within the service.

Sunnyside used an innovative tool called The My Life programme which promoted wellbeing and confidence. People completed a number of modules to support their independence such as stress management, confidence building, healthy eating, relationships, equality and diversity, dealing with conflict, health and safety, job search and housing. The final stage of the My Life programme involved people moving into one of the service's three training flats when they felt ready to. People then had the opportunity to apply their learnt skills in a real life setting, with support from staff close by if required. The training flats had assistive technology in place which was used to support people to live as independently as possible. For example, flood and extreme heat detectors were in place to avoid risk while people were supported to carry out every day activities independently and safely. The training flats and technology allowed people to enjoy the responsibility of living alone safely before they moved on from the service to a more independent living setting. One person told us, "I'm very happy. [Sunnyside] has brought back my independence this place has been perfect. When I first came here I struggled with everything, cooking, speaking with people, I burned food so spent lots of money eating takeaways. I'm doing ok now and I just need a little help from staff with personal hygiene as I struggle with that. My social worker is looking for places for me [move on accommodation] but I can take the staff with me to look."

We saw several examples of the excellent progress people had made since participating in the My Life programme. For example, on the day of our inspection one person was getting ready to go for a job interview. The My Life programme had enabled them to gain the confidence and skills to achieve this. Two people told us that the My Life programme had been pivotal in enabling and empowering them to live life to the full, engaging in the local community and enabling them to live as independently as possible. One person who was in the final stage of the My Life programme told us, "Sunnyside has really helped me to become independent."

A dedicated training room, and appropriately trained staff, were used to facilitate the delivery of the My Life programme. We saw a thank you card received from a relative whose family member had successfully moved on to more independent living. It stated, 'Well the time has come for [name] to move on from Sunnyside House. Although a tinge of sadness is felt I am very proud of how well [name] has done and is now independent and can live in their flat. Thanks to the outstanding care and support from staff; [name] has been able to achieve this. I cannot thank you enough for all you have done and the enormous support for a smooth transition.' It was evident from talking with people, their relatives and staff and from our observations that the My Life programme had an extremely positive impact for people and was exceptional in supporting people to live independently and enjoy their lives avoiding social isolation.

There were systems in place to ensure effective communication with people. Information was available in accessible formats such as large print and pictorial. This meant people received information in a way that helped them to understand it. The service also used other innovative methods to aid effective communication. For example, one member of staff told us about one person who communicated by writing things down as they were unable to speak. They had placed themselves in the position of the person and started to communicate with them by only writing things down and not speaking. The staff member noticed the person reacted positively to this and became increasingly more confident. They shared this with other staff who also started to communicate in this way. The member of staff went on to tell us that one day they had written down 'Would you like to talk with us?' and the person responded they would. With input from the speech therapy team, the person started talking again which promoted their confidence and well-being, enabling them to positively engage and progress in the My Life programme. This demonstrated the outstanding skills of the staff to persistently engage with people individually and encourage effective communication.

People were supported to live fulfilled and meaningful lives. People were provided with opportunities to try

new things or do things they enjoyed and to socialise and meet up with friends. Staff actively encouraged and supported people to follow their interests and hobbies and to access their links with the local community; this included attending local events, clubs and enrolling on college courses. For example, some people had been supported to enrol on health and beauty classes. Another person had completed a mathematics course, a subject they told us they had thoroughly enjoyed. People were also supported to go on holidays and several people told us how they had enjoyed a holiday at a holiday park. One person told us, "We went to [name of Holiday Park] in July, the whole house went. It was brilliant everyone had a lovely time."

The service had an effective system in place for dealing with concerns and complaints. Information on how to raise a complaint was clearly displayed at the service. An easy to read version was included in the Service User Guide which was given to people when they came to live at the service. Records showed that complaints had been responded to in line with the provider's policy.

Although no one living at the service was receiving end of life care, people's end of life wishes were discussed and documented when they moved into the service as part of the induction programme. This included people's preferred priorities for care (PCC). PCC is a document which supports people to plan for the future and to record their wishes and preferences during the last year or months of their life including the care provided by staff. Completion of these documents ensured staff respected people and would be able to respond to their wishes.

Is the service well-led?

Our findings

At our last inspection this key question was rated Good. At this inspection this key question remains Good.

The service requires and did have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a deputy manager with the day to day management of the service.

The registered manager had worked at the service for a number of years and demonstrated their commitment and passion to ensure people received good quality care. We asked the registered manager what they knew about the Registering the Right Support (RRS) Guidance and in particular the values that underpin it. Whilst they acknowledged that RRS was not something they were aware of, they were able to demonstrate that they were working in ways which were usually compatible with the values such as choice, promotion of independence and inclusion. Following our inspection the registered manager confirmed the service had signed up to 'The Driving Quality Code'. This Code was developed following the Winterbourne review that identified abuse of people with learning disabilities at Winterbourne View. The government and many other organisations that support people with learning disabilities are taking action to make sure that this never happens again.

The registered provider's vision and values were fully embraced by staff who were committed to ensuring people had the best quality of life, had access to the My Life programme and were supported to live independently 'on their terms when they are ready'. The registered manager promoted a positive, transparent and inclusive culture within the service. People and staff were involved in discussions about the service; the registered manager actively sought feedback from people, staff and relatives. Staff told us the service was well-led and the provider and registered manager put people at the heart of the service. A relative told us, "[Name of registered manager] is a good manager and the service is well led." When we asked the relative whether there was anything which could be improved, they said, "Every time we have a family review meeting they ask and I always say 'No, keep up the good work'."

Staff told us they were supported and valued and enjoyed working at the service. They told us that the registered manager operated an 'open door' policy and that they were available for support and guidance at any time. Staff worked effectively together as a team and morale was high. Feedback included, "I love working here it's the best job I have ever had." And, "No two days are the same, I like leaving here at the end of the day knowing I've done some good." The registered provider had achieved 'Investors in People' accreditation; this is an accolade which is awarded to organisations in recognition of their staff management practices.

Regular staff meetings were held and topics such as updates on people living at the service, training, activities, complaints and compliments and recruitment were discussed. The registered provider actively encouraged feedback from staff to help improve the service including suggestion boxes. Records showed

that all suggestions had been considered and the outcome shared with staff. This showed us that staff had the opportunity to be involved in how the service was run.

The registered manager actively sought the views of people who used the service and others. This was done in a number of ways such as daily interactions with people, weekly resident meetings, reviews and questionnaires. Feedback was taken into account to improve the quality of the service.

The registered manager told us they received good support from the registered provider. They kept themselves updated by accessing websites such as 'Skills for Care' and the 'Care Quality Commission' and subscribed to health and social care newsletters to keep themselves updated on best practice and guidance relevant to the management of the service.

There were systems in place to monitor the quality and safety of the service. The registered manager was committed to delivering a high standard of care to people and carried out regular checks and audits such as health and safety, fire safety and undertaking unannounced visits outside their normal working hours. The registered manager showed us documentation they had recently implemented in order to improve the monitoring of the service to ensure people received good care and treatment. The registered provider and an external consultant also visited the service regularly to undertake quality assurance checks. A quality monitoring report undertaken by the local authority in May 2017 for the service showed that a score of 87.1% had been achieved which evidenced a good service was being provided to people. Following the local authority inspection we saw that the registered manager had developed an action plan for the completion of recommended actions and, at the time of our inspection, these had been completed.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.