Support for Living Limited

Support for Living Limited - 62 Rosemont Road

Inspection report

62 Rosemont Road
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Support for Living Limited - 62 Rosemont Road is a care home that is registered to provide personal care and accommodation for up to three people, who have learning disabilities or autistic spectrum disorder. At the time of the inspection three people were using the service.

People's experience of using this service:

A relative and a health care professional described staff as caring. Staff demonstrated they had a good understanding of people living at the home.

People received person centred care. They had individualised care plans that stated how they wanted their care provided. These contained background information to support staff to understand them in the context of their life.

There had been some changes to the staff team. Whilst agency staff who were familiar with the service were used, both staff and relatives felt the service would benefit from more permanent staff. The registered manager assessed staffing needs and was in the process of recruiting staff into vacant posts.

Staff received medicines training and refreshers to help ensure that people received their medicines in a safe manner.

The registered manager monitored incidents, accidents and daily records to ensure all safeguarding concerns were identified. Staff demonstrated they knew how to recognise and report safeguarding concerns.

Staff worked in line with the Mental Capacity Act 2005 (MCA) and demonstrated they gave people choice and offered people their known preferences. The registered manager had applied for authorisations under the Deprivation of Liberty Safeguards (DoLS) on behalf of people.

Staff had received induction training prior to commencing their post and subsequent refresher training after this.

Staff worked with health professionals to help ensure the best health outcomes for people.

There were checks and audits to help ensure the quality of the service people received. The registered manager had identified specific staff to be "champions," of areas that included, nutrition and health and exercise and environment to improve people's engagement and well-being.

Rating at last inspection: At the last comprehensive inspection on 27 September 2016 all the key questions

were rated good and therefore the overall rating was good.

Why we inspected: This was a scheduled inspection based on previous rating of good.

Follow up: We will continue to monitor the service and will re-inspect based on the rating of good. We may re-inspect earlier if we receive concerns about the service.

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

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Support for Living Limited - 62 Rosemont Road

Detailed findings

Background to this inspection

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

Inspection team:
The team consisted of two inspectors.

Service and service type: Support for Living Limited - 62 Rosemont Road is a care home that is registered to provide personal care and accommodation for up to three people, who have learning disabilities or autistic spectrum disorder.

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

What we did:
Before the inspection we considered all the information we held about the service. This included the last inspection report. We looked at notifications from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

On the first day of inspection we visited the home and we reviewed two people's care records and sections of one other person's care records. We looked at three people's medicines administration records. We met with all three people using the service and spoke with one person who was able to speak with us. We observed staff interaction with people throughout the day. We undertook a partial check of the environment.

We spoke with the registered manager, the deputy manager, two care workers and one agency worker.

On the second day of inspection we visited Certitude offices and spoke with the head of human resources and reviewed three staff personnel records this included their recruitment documents.

Following our inspection, we spoke with two people's relatives and a health care professional.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

• The registered manager assessed possible risks to people. Risk assessments included, mobility, physical and mental health, behaviours that might challenge, moving and positioning, transport and safety when outside the home. When a risk was identified there was a description of the risk to the person and guidance for staff to mitigate the risk of harm. New or reviewed risk assessments were placed in a folder for staff to read and they were then signed by the staff as read and understood.

• People had personal emergency evacuation plans in the event of a fire. The plans stated the level of support people required to remain safe. Each person had an evacuation chair for use by staff to support people to go down the stairs in the event of a fire. This chair was designed to be used by one staff member as at night there was one staff on duty. Staff had received training to use the chair and the registered manager had identified this as a training refresher need for some staff through the appraisal process. Following the inspection, the registered manager confirmed forthcoming refresher training dates.

• The fire procedure was clearly displayed in communal areas such as the kitchen for both visitors and staff reference. The fire alarms were tested weekly and one of the people using the service supported staff to do this by pressing the alarms. The person told us they liked doing this each week. In addition, there was a weekly visual check of fire exits to ensure they remained clear, of emergency lighting and the firefighting equipment. A fire systems maintenance visit had been carried out by a contractor in February 2019.

• The provider undertook further checks to ensure the premises were safe for people. These included, a five-year electric installation check in February 2018, a yearly gas check undertaken in February 2019, and portable appliances testing in March 2019. The staff recorded water temperatures daily to ensure water was not too hot for people's safety and a contractor monitored the water supply to reduce the risk of waterborne infection such as legionella.

Systems and processes to safeguard people from the risk of abuse

• One relative told us they felt their family member was, "More than happy at the home and found the care "excellent." There had been no safeguarding adult concerns recorded in the past two years. The registered manager told us this was because there had been no concerns. They demonstrated they had a procedure to follow in the event of a safeguarding concern and that they knew the methods of investigating, recording and addressing concerns. The registered manager told us they checked people's daily notes, and the incidents and accident records to ensure staff reported all concerns appropriately. All incidents, accidents and complaints were recorded centrally and sent to the provider for monitoring. This helped ensure no safeguarding concerns were overlooked.

•□Staff had received safeguarding adults training and completed yearly refresher training. One staff member told us, how they would recognise and report abuse, they said, "Make sure people are safe, if we suspect [abuse] it is important that we tell our manager."

Staffing and recruitment

•□Relatives told us they there had been a number of changes in the staff team. One relative felt some experienced staff had left and this had resulted in the staff team being less skilled than previously. The second relative felt that staff were, "absolutely brilliant" and that "each new member of staff brings a little something" that was positive. They felt the consistency was provided by the deputy manager who was familiar with people's needs. During our inspection we met with permanent staff as well as a newly recruited staff member and an agency staff member. We found the permanent staff and the agency worker to be well informed about the people using the service. We observed people clearly recognised and responded to the agency staff who knew about their preferred routines. They told us for instance about people's family members and even their pet's name. This demonstrated some level of continuity despite a use of agency and bank staff.

•□One relative told us that they there were times during the day when only two staff were on duty and they felt this meant there was not always a person- centred service because if a person wanted to engage in an activity they might not be able to. The registered manager told us they had a, "base line" of core staff and flexi hours to meet people's individual changing support needs. They explained three staff were rostered on shift if people were going out to activities. There was one care worker at night, the registered manager had assessed this as meeting people's support needs. They explained that in the event of a change of circumstances they would re-assess staffing levels. The night staff had access to a two-tier duty on call system.

•□The provider advertised for staff in a number of ways including on local buses. Prospective staff completed application forms and attended interviews. The registered manager told us the interview questions were value- based to identify people with the right outlook and aptitude for a caring role. The provider undertook checks to ensure staff were safe to work with people. This included, the right to work in the UK, proof of identity and criminal records checks. They followed up references to ensure people were of good character prior to them commencing their role. There was also a six-month probationary period where training and competence to undertake the care worker role was assessed.

Using medicines safely

•□The provider stored medicines in a secure and safe manner. For example, staff monitored the storage temperatures daily and took appropriate action such as using a fan to cool the air if the temperature was higher than was recommended.

•□Staff had received medicines training prior to administering medicines. People's records contained pictures of medicines and side effects were listed so staff could monitor people for adverse effects. Daily checks and counts of medicines ensured administration had been completed correctly. We reviewed medicines charts and noted that there were completed appropriately. Checks on the amount of a sample of medicines tallied with the amounts recorded.

•□When people were prescribed "as and when needed," medicines there were guidelines in place for staff that had been signed as appropriate by the relevant health professionals. We saw there was a clear protocol in place for staff to follow when they took as and when needed medicines out of the home. For example, to administer in the event of an epileptic seizure.

Preventing and controlling infection

•□We found the home to be well maintained in terms of cleanliness. Staff were responsible for the day to day cleaning in the home and night staff had a rota they followed to ensure all areas were cleaned. There was in addition a deep clean by a cleaner once a week.

•□The staff had received infection control and food hygiene training. There were reminders for staff to maintain good levels of hand hygiene and to use the correct colour coded equipment in the kitchen to avoid the risk of cross contamination. Staff were supplied with personal protective equipment to use when supporting people with personal care and bathrooms had a supply of hand sanitizer and paper towels for people, visitors and staff use.

Learning lessons when things go wrong

•□The registered manager told us how they learned from oversights, mistakes and near misses. For example, the kitchen had received from the local authority a four-star kitchen rating, (with five stars being the highest score). This was because there was not a separate basin for hand washing. They showed us that a hand washing basin had been installed in the kitchen in response to this shortfall.

•□They also described an incident whereby a person's wheelchair slipped on wet leaves when being pushed by a staff member. The person had slipped from their chair as a result. The person was uninjured and had received appropriate health checks and staff support. The registered manager told us they reviewed the incident and updated the guidance for staff and shared the information with the staff team to avoid a similar situation reoccurring.

Good

Is the service effective?

Our findings

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

Good:People's outcomes were consistently good, and people's feedback confirmed this.

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

- There had been no new admissions to the home therefore the registered manager had not yet needed to assess new people for the home. They explained what their approach would be and told us they would assess people prior to offering a placement. They said, "I would go with a support worker and assess to ensure we are the 'right fit ' for them. They would also review any documents to understand the person's service requirements and assess to ensure they could meet their care needs.

- In addition, the registered manager explained they would support the person by offering a transition period that included day visits where the person could meet other people living in the home, and if appropriate could stay overnight so they could familiarise themselves with the home and staff team.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that the registered manager had applied for DoLS authorisations on behalf of people appropriately.

- Staff had received MCA training in their induction and understood its principles. One care worker told us, "Assume that everybody has capacity" and when people were assessed as not having capacity, "The decision needs to be in their best interests."

- People's care plans contained information for staff about how people made a decision. For example, one person's care plan stated, "I understand things when people explain to me simply and clearly. I do not use any object to communicate. Once I understand something I am able to make an informed choice."

- We saw a mental capacity assessment was undertaken and a best interest's decision made when a decision about one person's holiday choices was being considered. There was involvement of the person's

social worker and a best interest decision was being considered by all relevant parties.

Staff support: induction, training, skills and experience
•□Staff confirmed that they received an induction that included, shadowing and training prior to working in an unsupervised capacity. We observed during our visit that a recently recruited staff member was working alongside experienced staff and reading through policies and procedures. They confirmed they had undertaken some training as part of their induction and more training was scheduled.

•□Other staff told us they received ongoing refresher training and this included safeguarding adults, moving and handling, first aid, health and safety, and medicines. An agency staff confirmed that they were observed to ensure they understood the specific moving and handling techniques used in the home. They said, "They observed me doing this, [Moving and handling], using the right sling for each transfer… I ask [people in the sling] are you comfy?"

•□Staff received supervision sessions three monthly and told us they found these helpful. They also confirmed they could speak with the deputy manager at any time and the registered manager if they had a concern or wished to discuss people living at the service.

Supporting people to eat and drink enough to maintain a balanced diet
•□The registered manager told us the deputy manager was the homes' nutritional champion. Aims of the champion's role included identifying eating habits for the people living at the home, a meal times analysis, food tolerances and portion sizes. The champion was available to give staff guidance. The registered manager explained there were identified outcomes for the role. For example, improved cholesterol levels for people, better sleep patterns, improved BMI (Body mass index).

•□Staff told us how they facilitated food choices for people, one staff member said, "We know what the people like ... we have menu cards and they can pick …we make sure the menu is balanced." We saw that the menu was planned with people each week and there was a collection of meal photos that supported people to make a choice. There were healthy eating reminders displayed in the kitchen for example, using, "Rainbow foods," to encourage the use of a wider variety of vegetables and fruit.

•□People's recently reviewed eating profiles were contained in their care plans and displayed on the kitchen wall for staff reference. The profiles informed staff what support each person required. For example, that food was to be cut up into small pieces and what positioning the person required to prevent choking. There was information for staff that described the signs and symptoms of choking so they could take appropriate action.

•□People's care plans contained a list of their food and drinks preferences. Staff were aware and offered these to people as stated in their care plan. We observed hot and cold drinks were offered to people throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
•□A health professional told us they had found the staff, "proactive" in raising concerns and found them well informed about people's needs. The staff worked with health and social care professionals on behalf of people using the service. People's care plan reviews contained aims that included their health and well-being actions. For example, one person's plan identified a visit to the dentist and we saw this taking place during our visit.

•People had an annual health check and were supported to visit the GP. Staff liaised with other health professionals that included, the chiropodist, optician, speech and language therapist, and physiotherapist. Staff had referred people to the provider's behavioural support team who had supported staff by observing people's behaviour, offering advice and providing guidelines for the team to follow. This had helped people with their emotional wellbeing by managing conditions such as anxiety.

•Staff supported people to undertake activities to maintain healthier and more active lives. Activities included weekly visits to a hydrotherapy pool and for some people sporting activities such as boccia, (This is a ball sport similar to bowls), and other team events. These promoted movement and social interaction with others.

Adapting service, design, decoration to meet people's needs
•Support for Living - 62 Rosemont Road is situated in a residential house which has been adapted to meet people's needs. People living at the home were wheelchair users and as such there was a lift to the upper floor where people's bedrooms were situated. Each person had their own bedroom personalised according to their taste and reflected their interests.

•There was a communal kitchen/dining area where people sat together. This was the 'hub' of the home. There was also a lounge used when people wanted a quiet space, for visitors and for one person's physiotherapy equipment. There was an adapted shower upstairs and an adapted shower and bath on the ground floor. The bath had been out of order for two weeks and a request had been made for repair. People were being offered a shower in place of a bath in the interim. There was an accessible garden used for activities during the warmer months. However, we found we were unable to open the door from the lounge to the garden, and whilst this was not a fire exit it meant that people needed to go around the house to access the garden. We brought this to the registered manager's attention. They told us that the door had been reported and was awaiting repair.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good:People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
•Relatives and professionals spoke positively about the staff at the home. One relative told us their family member had settled into living at the home well, they described the care given by staff as, "Really good, in fact excellent, I can't fault it." Another relative felt, "that they try their best with the resources they've got." A professional told us, "They really do seem caring."

•We observed staff's interactions with people and found them to be respectful and friendly. People were familiar with the staff on duty, this included the agency staff and this helped for a relaxed atmosphere. Staff anticipated people's support needs and recognised what facial expressions and body language meant and knew what approach worked best for them.

•Staff told us how they built a good working relationship with people. Their comments included, "Be around and listen, and talking to them, being caring and ensuring their needs are met," and "We talk to them and one person who is non-verbal has good understanding."

Supporting people to express their views and be involved in making decisions about their care
•People's care plans contained information about how they communicated their preferences. One person who was non-verbal made their choices by use of facial expressions and body language. We observed a staff member respond to a facial expression and ask them if they wanted support. They indicated they did. The provider's behavioural support team were working with the person and the staff team to develop objects of reference that they hoped would increase the person's ability to make choices. People's monthly records demonstrated people's ability to communicate their feelings and their confidence had increased.

•Staff told us how they reflected on people's actions to develop their understanding of their choices. One care worker told us, "If people refuse, we try and understand why, we ask, 'Would you like a bath?' or 'would you prefer a bed wash?' We try and understand why." Staff described involving people's families to learn from their experiences with the person. One care worker told us, "People's family are very involved. For another person we know what they like. They have been here for many years, we sit with them and show them pictures and we can tell from their reactions what they like."

Respecting and promoting people's privacy, dignity and independence
•We observed during our visit that staff were respectful of people's privacy. For example, they gave people time and privacy when they were using the toilet. Staff told us how they maintained people's dignity. One care worker said, "By closing the door for doing personal care, ensuring confidentiality and knocking on the door before entering a room."

•□The staff promoted people's independence and worked with the occupational and physiotherapists to further people's skills. Staff with physiotherapist input supported one person to use a mobility aid that enabled them to travel in the lift by themselves and have some independence. People also used specific cutlery, so they could eat with minimum support.

•□People's diverse needs were respected and staff supported people who wished to go to their place of worship each week. For example, some people went to a "café church" each week where they could worship, sing and socialise with other people.

Good

Is the service responsive?

Our findings

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

Good:People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•People's care plans were person centred and contained a detailed history that included for example, their schools and important people in their lives such as friends, family and professionals. This gave staff a sense of people in the context of their life and gave them relevant topics to talk about with people.

•One relative who visited several times a week told us, "[Person] always seems happy and always has things to tell us about." Plans contained what a person's 'good day' looked like and what a 'bad day' would be. This highlighted people's preferences and reflected their interests. One care worker told us, "They all like and do different things. [Person] loves football and music is very important for [Other person]." We saw that people were supported to attend activities that reflected their interests. These included sports, music and activities such as cooking that was undertaken at the provider's activity centre. Staff had researched to identify new activities and venues that might interest people. People were being supported to go on holidays of their choice or to destinations that staff thought people might like from their known preferences.

•People's care plans reflected how their personal care should be provided. This included what moving and handling equipment should be used and stated for example which colour sling each person required. Guidelines were also available for reference in bathrooms as a reminder for staff. Mobility equipment was described and guidelines for use were contained in the care plans detailing when possible what people could do independently. A health professional told us night time equipment had been supplied to assist with moving and handling at night. There were guidelines in place for its use.

•The staff kept daily records of people's day and night time care. Concerns were recorded as well as what activities had been undertaken and what meals had been eaten. Records reflected people's mood and were shared at handover for the oncoming shift information. People had a keyworker, a keyworker is an identified staff member who takes an in-depth special interest in the person and acted as a point of reference for families and professionals.

•We noted that monthly summaries were completed by people's keyworker. One person's summaries were repetitive and did not reflect some positive changes that had taken place. We brought this to the registered manager's and deputy manager's attention and they showed us evidence that this had been identified and addressed with the person's keyworker in March 2019 prior to our visit.

Improving care quality in response to complaints or concerns

•There had been no complaints recorded during the past two years. The registered manager explained this was because none had been made. Any concerns raised by family or people were immediately dealt with before they had reached a complaint stage. The registered manager described to us the provider's

complaints procedure and told us how a complaint would be acknowledged, investigated and addressed and an apology given. Complaints were logged and tracked centrally by the provider and this ensured that complaints that may be of a safeguarding nature were identified and treated as such. The provider allocated an investigating officer dependent on the nature of the complaint. The registered manager described how they would learn from outcomes of a complaints investigation and share outcomes with the team.

•□A relative told us, "[Person] will speak up and will say…they would tell us or speak to someone. They are more confident now." They confirmed when they raised any concern it was dealt with "effectively," by the deputy or registered manager.

•□The registered manager and deputy told us that they checked people's daily notes for signs they were unhappy and the communication book for any incidents that might be an unreported complaint. People were supported to complain. One person had made with staff support a suggestions box that was displayed in the entrance and this could be used to make complaints and suggestions and give compliments. Staff supported people to use this. There was an easy read complaints form that some people could use with support. Some people living at the home communicated verbally and were supported to say by their keyworker if something troubled them. Staff told us how they would recognise from people's body language and behaviour if something was wrong and they could be supported to indicate the problem by their family, staff or the behavioural support team.

End of life care and support

•□Some people's care plans reviewed contained their end of life preferences. This included for example, their named church and what ceremony was to take place. Where possible people's family had been involved in the plans. The staff were in the process of working with one family to consider what they would like to happen should end of life occur.

•□The registered manager had experience of working with people who were at the end of life. They explained currently staff had not needed this training but in the event it was required, appropriate training would be provided by Certitude. The registered manager described how they would support the staff team and would work closely with the palliative care nurses to upskill the staff should the need arise.

Good

Is the service well-led?

Our findings

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

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were audits and checks in the service. For example, environmental checks, checks of medicines and finances at daily handover. The management team completed service compliance audits which were then reviewed and monitored by the provider's quality assurance team every six weeks. The registered manager had worked with the provider's head of quality to produce pilot guidelines with regards to effective and safe infection control in Certitude premises. The guidelines were comprehensive and contained a form for the unit manager's use. These were being piloted at the home.

- The registered manager was registered for both Support for Living – 62 Rosemont Road and another Certitude care home. They described to us that they spent two days approximately at this home and were available to come in an emergency and always available by phone. The deputy manager who oversaw the day to day management of the home confirmed this saying, "[Registered manager] is available on the phone and they are here about twice a week." They told us they felt well supported by the registered manager and provider. The deputy manager had worked at the home for many years and knew people who used the service well. They had a good oversight of the staff team. A relative told us, "The most consistent is the deputy manager, [they] are fantastic, keep the home ticking over, absolutely wonderful."

- The registered manager had implemented staff champions roles. These champions had a specific area of interest and responsibility in the home which included, nutrition and health, exercise and environment and health and safety. The registered manager had a champion responsibility for communication and independence and, "Make it happen." Examples of work undertaken through the champion's role included under 'exercise and environment' one person going from monthly to weekly disco dances and there was a newly purchased basketball hoop for the home for another person to use. The champions roles were graded gold, silver and bronze to show progress in reaching the identified aims for the wellbeing of people using the service.

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

- The registered manager and staff team involved people where possible in the home. For example, one person supported staff with the fire alarm checks and had been asked if they wanted to be part of the interviewing process for new staff. They were supported to attend the end of team meetings to be inclusive where possible. There were key work sessions where people were asked their views and staff champions'

role focussed on engaging and promoting people's involvement.

•□A relative told us that communication was "Good." They found the management team approachable and responsive. They described that family living nearby visited and staff shared information in a positive manner. However, other family members were not able to travel and visit. They had welcomed the staff supporting their family member to use social media. Photos were uploaded and comments about activities they had done supported family living further away to keep in touch. We saw also the staff were supporting one person to stay in contact with their family by sending cards and encouraging visits.

•□Staff told us the management team were supportive. We saw that supervisions were taking place and the champion roles had given staff specific responsibilities. Staff were encouraged to advance their career with the provider and one previous staff member had moved to a more senior position in another service. Team meetings took place every month and weekend staff and night staff were encouraged to attend.

Continuous learning and improving care; Working in partnership with others
•□The service was based in the London Borough of Ealing. The registered manager told us they had a good working relationship with the local authority. They attended the registered manager forum quarterly and this supported them to network and learn about new legislation and policy changes. The registered manager also worked with local health and social care teams for people's well-being and took learning from professionals to inform their ongoing best practice. This was shared with the staff team.

•□Certitude had a number of internal teams that offered support to people living in the service and the registered manager accessed these as the need arose. They were currently working with Certitude's financial director to fund new initiates these included raising money towards a replacement van.