

HF Trust Limited

# HF Trust - Corunna Close

## Inspection report

1 Corunna Close  
Eaton Ford  
St Neots  
Cambridgeshire  
PE19 7NE

Tel: 07810156702  
Website: [www.hft.org.uk](http://www.hft.org.uk)

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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

HF Trust – Coruna Close provides accommodation and personal care for up to five people who have learning disabilities and or autistic spectrum disorder. This service is for people living with Prader-Willi Syndrome (PWS). This is a condition where people have a chronic feeling of hunger that can lead to excessive eating and sometimes life threatening obesity. The service is located in a bungalow in a residential area of Eaton Ford and includes a one bedroom self-contained 'annex' that is adjacent to the bungalow.

This short notice announced inspection took place on 23 November 2016. There were two people receiving care at that time. This was the first inspection since the location was added to provider's registration in February 2016.

The service had a registered manager in place. 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.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were well trained, and well supported, by the registered manager and provider organisation. There were enough skilled and knowledgeable staff to meet people's assessed needs.

Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm. People were supported to manage their prescribed medicines safely.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making and applications had been made to the authorising agencies for people who needed these safeguards. People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

The staff were knowledgeable of PWS and ensured that people were supported to self-manage the condition whenever possible. People were supported to eat a varied, balanced diet that promoted healthy eating.

People were supported to maintain their health and wellbeing.

Staff were polite caring and empathetic. They treated people with dignity and respect. People were involved in making decisions about their care.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent care and support was provided to each person. Changes to people's care was kept under review to ensure the change was effective.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. People were supported to access the community and take part in recreational and occupational pursuits.

People had access to information on how to make a complaint and were confident their concerns would be acted on.

The registered manager was supported by a staff team that included senior support workers and support workers. The service was well run and staff, including the registered manager, were approachable. People's views were listened to and acted on. Concerns were thoroughly investigated and plans actioned to bring about improvement.

We saw there were systems in place to monitor the quality of the service. When areas for improvement were identified action was taken to address the shortfalls.

## 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.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

People were supported to manage their prescribed medicines safely.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

### Is the service effective?

Good ●

The service was effective.

People received care from staff who were well trained and supported. They were sufficiently skilled to meet people's needs.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People were supported to eat a balanced diet that promoted healthy eating.

People were supported in their healthcare needs.

### Is the service caring?

Good ●

The service was caring.

Staff were polite caring and empathetic. They treated people with dignity and respect.

People received care and support from staff who were polite, empathetic, and respectful.

People were involved in making decisions and planning their

own care.

### Is the service responsive?

Good ●

The service was responsive.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent care and support was provided to each person.

People were supported to access the community and pursue interests.

People were encouraged and supported to develop and maintain relationships with people that mattered to them.

People had access to information on how to make a complaint and were confident their concerns would be acted on.

### Is the service well-led?

Good ●

The service was well led.

The registered manager was experienced and staff were managed to provide people with safe appropriate and enabling care.

The vision and values of the service were person-centred and ensured people were fully consulted, involved and in control of their care.

The service had an effective quality assurance system that was used to drive improvement. People's views were listened to and acted on.

# HF Trust - Corunna Close

## **Detailed findings**

### Background to this inspection

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

This announced inspection took place on 23 November 2016. It was carried out by one inspector. We told the provider the day before our visit that we would be coming. We did this because the people who use the service, staff and the registered manager are not always at the service and we needed to be sure they would be available during our inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist with planning the inspection.

Before our inspection we also looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

We asked for feedback from the commissioners of people's care, a healthcare professional and Healthwatch Cambridge.

During our inspection we spoke with both people who were living at the service. We also spoke with the registered manager, a senior support worker and four support workers.

We looked at care records relating to both people, staff training records and other records relating to the management of the service. These included audits.

Following our inspection, we received feedback from a healthcare professional, a relative and a representative from a national organisation that provides information about PWS.

# Is the service safe?

## Our findings

People receiving the service said they felt safe. One person told us they felt safe because "I know everything is more structured. No-one can get in from outside." A relative told us they thought their family member felt "safe and secure" at the service. This was because the person "settled" into a routine at the service that suited them relatively quickly.

Staff told us they had received training to safeguard people from harm or poor care. They showed they had understood and knew how to recognise, report and escalate any concerns to protect people from harm. They showed they were aware of the provider's whistleblowing policy and showed they understood their duty to report concerns to the registered manager. One member of staff said, "I'd always talk to [the registered manager] or the [senior support worker] if I had any concerns." They went on to tell us they could escalate this to more senior managers within the provider's organisation if they felt the need. They said, "Our email system links to all HFT [HF Trust Limited] staff. I'm confident they all would take [any issues raised] seriously."

Systems were in place to identify and reduce the risks to people who used the service. Care plans contained a range of assessments that evaluated the risks of people accessing the community, the kitchen, and using transport. These assessments were detailed and gave staff clear direction as to what action to take to minimise risk. These focused on what the individual could do, and the support they needed so that activities were carried out safely and sensibly. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. People were supported to keep their rooms safe. For example, staff supported people to carry out regular visual checks of the electrical equipment they used.

Risks associated with people's behaviour were managed positively so they could make choices and feel in control. One person had an agreed amount of time accessing the community without staff support each week. They told us they were looking forward to this being increased over an agreed period of time. Staff had supported them to programme important numbers into their mobile phone so they could contact staff at any time for support when they were alone.

When accidents happened the registered manager and staff took appropriate action to ensure that people received safe care. Following an accident or incident the registered manager had investigated and further control measures were put in place to minimise the risk of reoccurrence where possible. This included reviewing the relevant risk assessment and person's care plan. The registered manager and provider's representative regularly reviewed accident and incident reports to check for any trends.

The registered manager had considered ways of planning for emergencies. People's care plans contained Personal Emergency Evacuation Plans (PEEP). The PEEPs identified people's individual independence levels and provided staff with guidance about how to support people to safely evacuate the premises. This helped to ensure that staff would provide appropriate support in the event of an emergency, such as a fire at the service. Staff stayed at the service overnight which meant emergencies could be responded to promptly.

This system also ensured that people were able to access advice, support or guidance without delay.

The staff we spoke with told us that the required checks were carried out before they started working with people. These included two written references, proof of recent photographic identity as well as their employment history and a criminal records check. One staff member told us, "[The registered manager] got all the checks. I had to wait for my [criminal records check] and two references, including one from my previous employer before I started work. [The post] was offered subject to [satisfactory] checks." Staff went on to describe comprehensive interviews that included the people who lived at the service. People described exercises the interviewers asked them to carry out. One staff member said, "I don't like interviews but this felt good. It was asking about things we talk about all the time." The registered manager told us the aim of these interviews was to identify how potential staff interacted with people. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

The registered manager told us that when staff were found not to be suitable to look after people, or failed to meet the expectations of their role, the provider had carried out disciplinary procedures. New staff were also subjected to a probationary period during which time they had to demonstrate that they were suitable to look after people. Otherwise their contract to continue to work would be extended for additional training or terminated.

We saw there was enough staff available to meet people's needs. People confirmed this and said staff were always available to support them. A relative said they felt "safe in the knowledge that support staff are available should [my family member] need them."

The registered manager told us there were staff vacancies at the service. They filled these vacancies and staff leave by the permanent staff working extra shifts and using agency staff. They told us that agency staff always worked alongside a permanent staff member as part of their induction until they were familiar with the service. This meant the negative impact on people's emotional wellbeing was kept to a minimum because people were familiar with the staff on duty. The registered manager monitored the staff rota weekly to ensure there were sufficient staff to support people both within the service and to access the community and attend appointments.

People were satisfied with the way staff supported them to take their prescribed medicines and said they received these in a timely manner. One person said, "Staff look after [my tablets]. I always get them on time and if I request I get them [and in line with the prescription]."

We saw that people were supported with the safe administration of their medicines. There were appropriate systems in place to ensure people received their medicines safely. Care plans contained detailed instructions for staff to ensure people were offered their medicines in a consistent way. Staff told us this increased the likelihood people would accept their medicines. One person told us they looked after and administered their own prescribed creams. Their care plan reflected this and contained clear directions for staff to support them with this.

We found that medicines were stored securely and were administered in line with the prescriber's instructions. Appropriate arrangements were in place for the recording of medicines received and administered. We saw clear directions were in place where the prescriber had reduced a person's medicine. Staff had supported the person to record the days when they took their medicine. This meant the information was recorded in a way both the staff and person could understand.



Checks of medicines and the associated records were made to help identify and resolve any discrepancies promptly.

# Is the service effective?

## Our findings

People told us they liked the staff who worked at the service and that their care needs were met. One person said, "It's good living here" and described the staff as also being "good."

We found people received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One person told us they were aware that the registered manager and senior support worker were "training the staff" and told us staff understood and met their needs. A relative told us, "The staff at Corunna Close researched [PWS] the syndrome and attended courses before [my family member] moved in. This gave them a good understanding of what to expect." A care manager commented, "[The staff] have a good understanding of PWS and also how to empower people to make choices within restrictions that might be in their lives."

The senior team put emphasis on providing staff with a comprehensive induction. One senior staff member told us, "We all work really hard and we will have a centre of excellence. That's why staff need to be well inducted and trained." New staff received a thorough induction that covered topics such as health and safety, first aid and food hygiene. Induction training also included person centred care, promoting people's rights, choice, dignity, independence and positive behavioural support. The registered manager and a senior support worker had extensive experience and knowledge of PWS, including training from the Prader-Willi Syndrome UK (PWSA UK). Staff told us the registered manager and senior staff cascade this knowledge to them, providing information, guidance and advice on PWS and how to support people living with the condition. Staff told us they had found their induction useful. One staff member told us, "I feel much more confident about MCA [Mental Capacity Act 2005], DoLS [Deprivation of Liberty Safeguards] and medicines [management]. The way [the training] was done meant I knew what I was doing by the time I provided care. I felt quite confident by the time I'd finished it all." Staff said that they worked alongside an experienced member of staff until they felt confident, and their manager felt they were competent, to deliver care and support.

The provider supported staff to obtain nationally recognised qualifications. Staff told us that they worked through the Care Certificate in the first twelve weeks in post. This includes a set of standards that social care and health workers must apply in their daily working life. It is the minimum standards that should be covered as part of their induction training as a new care worker. The provider's PIR told us that seven staff had completed a level two or above qualification in health or social care. All are nationally recognised qualifications.

Staff members told us they felt well supported by the provider and registered manager. Staff received annual appraisal and formal supervision six weekly when their goals were reviewed. They said that this was useful and provided them with an opportunity to discuss their support, development and training needs. One member of staff told us, "[The senior staff team are] caring and look after staff. The manager is always available." Another told us, "Initially I called [the senior support worker] a lot, but I'm more confident now and hardly ever call [them]. [The senior support worker] was brilliant." Staff explained there was an on-call system and that a manager was always available.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 provider had followed the requirements set out in the DoLS. The registered manager had submitted an application for one person to the local authority for authorisation to deprive one person of their liberty in relation to access to the kitchen and food, accessing the community and finances. They were waiting for the Supervisory Body to process this application.

The registered manager and staff had received training and were knowledgeable about the MCA. One staff member told us, "[People] May have [mental] capacity in some areas but not others." Another staff member said it was about "particular decisions and not general capacity [to make decisions]." They told us they "have to do a mental capacity assessment before depriving a person of their liberty."

Each person had their mental capacity assessed and 'Best Interest' meetings took place to ensure these restrictions were implemented appropriately and in the least restrictive way. A relative told us, "From what I have seen, the staff at Corunna Close manage [my family member] with a 'light touch' whenever they can, allowing [my family member] to make decisions within guidelines. This appears to work well with [my family member] enjoying some freedoms and [my family member] has definitely grown in confidence."

Where possible, people gave their written consent to their care and treatment and for information to be shared with relevant professionals. This showed us that where people had the mental capacity to understand the consequences of their care that this was agreed with them.

The kitchen was locked and accessed by a fingerprint recognition lock. People's access to the kitchen was limited as this could increase people's anxieties and could cause people to seek food when in this area. People had opportunities to prepare food alongside staff and one person told us they enjoyed preparing their meal once a week. People were supported by staff to develop their cooking skills and contributed to ideas about new recipes for the menu. Staff told us that one person had recently brought home a book with low calorie recipes, some of which the person and staff planned to incorporate into the home's menus.

In the PIR the provider told us, 'As a specialist service to support people with Prader Willi Syndrome people are supported to make realistic choices with food and drink. Menus are meticulously planned to ensure nutritional requirements are met within their dietary restrictions. All calories consumed are counted and recorded. A regular exercise routine is encouraged and enabled to avoid excessive calorie restrictions that may lead to anxieties and challenging behaviours.'

We found staff were skilled at supporting people to eat a balanced diet that promoted healthy eating. People told us they received good support from the staff to manage their weight. One person said, "I feel quite amazed and happy. I've lost quite a lot of weight since I've been here. I'm on a strict diet. When I reach my target weight then we'll increase [my intake] by another 100 calories [per day]." A relative told us, "The focus on my [family member's] diet and the exercise [family member] he does has resulted in weight loss which has also improved [family member's] well-being." A healthcare professional told us, "[Person] has

been supported to enjoy a healthy eating regime and has done really well to lose a significant amount of weight." The staff spoke of successes in helping people to achieve significant weight loss, which had enabled people to lead healthier, fulfilling and active lifestyles.

People had access to healthcare professionals and were supported to manage and maintain their health and wellbeing. One person told us, "Staff [have been] very supportive over health issues." People were supported to access healthcare appointments, such as their GP and an optician. People had a 'Healthcare passport' containing pictures and accessible language. These assisted people to communicate their health needs to medical professionals.

## Is the service caring?

### Our findings

People were complimentary about the staff and said they were treated with respect. One person described the staff as, "Very polite." They went on and told us, "[The staff] respect me as an individual and not as someone with special needs. E.g. They look at me as a normal day to day average human being. That's important to me."

The relative and care professionals were also complimentary. The relative said, "I believe that the staff at Corunna Close treat [my family member] in a firm but friendly manner and [my family member] loves to be with them as far as I can tell. [My family member] considers them to be friends and I am happy with the way [my family member] is treated." They went on to tell us that their family member's general well-being had improved since being at the service. They said this was due to "the care [their family member] has received at Corunna Close... from compassionate professionals [staff]." A care commissioner commented that the person they worked with said they found the staff "friendly" and that the service had a "homely" atmosphere. They described the person as "generally having a very positive relationship" with the staff members.

Staff told us they would be happy with a family member being cared for by this service. One staff member said this was because, "We take [our roles] very seriously. [People using the service] need a strong structure to reduce their anxiety. They need to know where their food is coming from and when. We all follow the same structure so it keeps it comfortable. Everyone does the same thing." Another staff member said, "I'd be confident they would be in good hands."

The registered manager told us there was a high focus on providing person centred care. They told us that staff received training in Person Centred Active Support (PCAS). They said this was about encouraging people to do as much as possible for themselves and involving people in decisions about their care." Staff clearly embraced this. One staff member told us the service was, "Very person centred. It's not just care anymore. It's supporting [people] to be individuals and not mothering them." Another staff member told us, "[The service is] a PWS house, but it's not about PWS. It's about [names of the people living at the service]. The systems are in place to support PWS. We support the whole person." They went on to explain how staff increase people's opportunities by ensuring they have informed choice. For example, a staff member told us that a person would repeatedly request the same meal. Therefore staff offered a limited choice of meals based on several factors. These included checking what the person had eaten recently and the persons allocated calorie intake for that meal. Staff told us that this approach had supported the person to choose a more varied diet.

Staff understood triggers that could cause people anxiety and worked to reduce these. For example, on person found it difficult to accept new staff. A programme was in place to gradually introduce new staff to the person. The amount of time the new staff member spent with the person was gradually increased. A staff member told us they had introduced the idea that they may provide support and the person had agreed to this happening again in the future. The staff member said, "I think [the person] just needed to feel safe." A relative told us, "Staff have worked with me to develop strategies to follow when telling [my family member]

difficult news or of unexpected changes to the normal routine." This helped the person to manage their anxiety.

In the PIR the registered manager told us, 'We are currently piloting a self recording tool ...to enable supported people to record their own health and well-being. This has proved very effective with one individual who has been able to discretely raise [health] concerns.' The registered manager explained staff were then able to support the person to access appropriate healthcare. People said they found this tool had a positive impact on them. One person said, "I put notes on there about how I'm feeling. It helps. It just does." Another person told us it helped them to "reflect [and] express [their] feelings every day." They said, "When I'm in a mood, when I can't talk to [staff], I can express my feelings without having to tell them." People were aware that the registered manager accessed these records and told us that staff did act "if they need to do anything, [staff] come and speak to me." They went on to tell us that staff had assisted them to make healthcare appointments.

We saw people had access to information in appropriate formats. For example, we saw easy read information about fire procedures, the Care Act, and how to raise a safeguarding concerns or make a complaint.

People were involved in planning and reviewing their care. One person told us that staff "got to know me by information sharing with my social worker and me." They told us that staff discussed their care plan with them and we saw they had signed to show their agreement with the plan.

People's privacy and dignity was respected. People were able to spend time in private if they wished to. We saw that staff knocked on people's doors and waited for permission before entering.

## Is the service responsive?

### Our findings

People, the relative and care professionals felt that staff understood and responded to people's needs. One relative told us that staff knowledge of PWS and the "information gleaned from both myself and [another relative] meant that [staff] were well prepared and could quickly settle [my family member] down to a routine that suited [my family member]."

In the PIR the registered manager told us, 'Support Plans are in place and reflect the needs, wants and preferences of individuals and where appropriate plans are shared with families and relevant professionals. Each person has a pen picture, communication profile and behaviour profile which is completed with the supported person.' We found care plans provided staff with detailed information on how to support people's care needs. For example, one person's care plan explained the support the person needed in order to visit their relative. This included the times and location of public transport and the time the person needed to leave the service.

Clear care plans were in place to guide staff in helping people to reduce their anxieties. These included triggers, such as 'shouting', and how the person may display their anxiety. For example, by crying or becoming angry. Clear guidance was in place for staff on 'what helps' the person when they 'feel like this'. For example, 'distraction of music, TV or taking a walk'. We saw that both people's records contained communication profiles that helped staff to communicate effectively with each person. Staff looked for ways to minimise people's anxiety. For example, during our inspection one person wanted to speak with us, but had also planned to go out. Staff asked if we could speak with the person early in our inspection and explained the person was becoming anxious in case they would not be able to participate in their activity. The person spoke with us about their experience of receiving the service. They told us how much they enjoyed going to various clubs, participating in shows and watching television. They also told us staff supported them to shop for clothes.

In the PIR the registered manager told us, 'People are supported to access local social, recreational, occupational and therapeutic activities that are important to them such as swimming and gym sessions, one person works in a charity shop another has joined two local youth and drama clubs.' We saw that people experienced structured days and their care plans included weekly timetables detailing how they would spend their time. People were supported to engage in occupational and recreational activities. A relative told us that staff kept their family member "busy". People's care records showed detailed information about people's interests and hobbies. A care manager told us, "[The staff] are enthusiastic about supporting people to meet their outcomes and also use community resources to do so."

Staff supported both people to lead a healthy lifestyle and work towards and maintain a healthy weight. One person told us they went to the gym three times a week and swimming once a week. They told us they had lost a significant amount of weight since moving to the service. A relative said, "[My family member] is now much calmer and happier, [my family member] has [their] diet under control and has developed new interests and pastimes. [My family member] exercises more often and has developed improved self-confidence."

People were supported to be as independent as possible. One person told us they had two hours each week when they went out into the community alone. They told us this had increased from one hour and were proud of their achievement. They said they were working towards this being increased further.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. People visited and had regular contact with their relatives. One staff member said, "We help [people] to do as much as possible to in the community. [One person attends a] support group twice a week... [The person] makes friends and socialises more. We all need to socialise."

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. One person told us, "I could go to [the registered manager] or [the senior support worker]. They'd give me a complaint form." Everyone we spoke with was confident the registered manager or another member of staff would listen to them and address any issues they raised.

Information about how people could complain, make suggestions or raise concerns was available at the service. This was also in an appropriate format if people preferred to express their wishes in a different way. Staff had a good working understanding of how to refer complaints to senior managers for them to address.

The registered manager had received one complaint from a neighbour about the amount of staff cars that parked outside the service. The registered manager told us they had listened to this concern and staggered the staff handover times to reduce the number of vehicles outside the service at any one time.



## Is the service well-led?

### Our findings

We received positive comments about the management of the service from the people, the relative, staff and care professionals. A relative said, "I would say that the team provide a caring and professional service at Corunna Close." A care manager told us, "I have found Corunna Close to be a well-run service with clear management in place who are easy to communicate with." A staff member commented the service was "very well led." Another care professional had written to the service saying they felt the staff were 'clearly doing a great job' and advising the person they worked with looked 'much happier and healthier'.

The service had a registered manager in place. 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. The registered manager and one of the senior support workers were experienced working with people living with PWS. They had worked together in these positions at another of the provider's specialist PWS services for a number of years.

The registered manager was supported by a staff team that included senior support workers and support workers. Staff were clear about the reporting structure and their roles within the service. One support worker told us, "Everyone had dedicated jobs. Everyone works as a close team." From discussion and observations we found the registered manager and staff had a good knowledge and understanding of the care and support needs and preferences of the people receiving this service.

The service had an open culture that put people at the centre of their care and support. Staff had a clear set of values based on respecting people, ensuring people could make choices and supporting people to be as independent as possible and involved in the local community.

We saw that people were relaxed with the registered manager and staff. People told us they felt consulted about their care and the running of the service. For example, people were involved in the process of recruiting new staff and making health and safety checks of their equipment.

Staff told us they felt supported by the provider organisation, registered manager and the staff team. One staff member told us, "[The provider has] a really good training system. You get chance of promotion if you work at it. They've got what you need as an employee. If we don't know something there is always someone who does." Staff told us the senior staff were approachable and always available. Staff said they received regular supervision where they were able to discuss any issues talk about issues such as additional training and development needs. They said that staff meetings took place where they could openly discuss any concerns or raise suggestions. One staff member commented, "Because we've got to be so structured it would be very easy to forget about giving [people] choices. We could fall into institutional practice." They explained how important the discussions at these meetings were to ensure that they continued to keep focused on providing person centred care. Another staff member said, "I quite enjoy staff meetings." They said they discuss scenarios, "What do think of this? What can we do about it? I really enjoy it. It gets us debating and discussing things."

The provider had introduced various ways for people to feedback on the service they provided. These included surveys and the introduction of 'Voices to be heard' meetings. These provided people with an opportunity to give feedback to the provider organisation on what it does well and how it can improve. Neither of the people at this service chose to take part in these meetings, but they were aware they could attend if they wished and the minutes were available to them.

Staff members had responsibility for reviewing different aspects of the service. Staff were responsible for ensuring this work was completed and for their individual accountabilities in these roles. The registered manager monitored and reviewed audits to ensure issues and shortfalls were addressed. In addition the provider's quality assurance system helped the registered manager and provider to ensure that the service they provided was of a good standard. It also helped them to identify areas where the service could be improved. The registered manager completed a compliance audit each month. This required the registered manager to look at the CQC Key Lines of Enquiry (KLOE) and to answer the five key questions, is the service safe, effective, caring, responsive and well-led? If any improvements were needed the registered manager compiled an action plan detailing the action to be taken to rectify any shortfalls. A copy of the report was sent to the provider and to the area manager who visited the service on a regular basis.

The registered manager told us she kept her knowledge and skills up to date reading professional journals and by regular attendance at learning events. These included meetings with other registered managers and attendance at PWSA UK provider forums. A representative from PWSA UK told us that the registered manager had also spoken at one of these forums, sharing her learning and experience with others. The registered manager told us that the provider was also a member of the British Institute of Learning Disabilities (BILD) and was also accredited with Investors in People - Gold. Staff told us the registered manager readily shared her knowledge and experience with them.