

Eastern County Care Limited

Little Waking House

Inspection report

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Little Waking
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26 May 2016

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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

The Inspection took place on 16 May 2016 and 26 May 2016 and was unannounced.

Little Waking House is registered to provide accommodation and personal care without nursing for up to 12 adults who have a learning disability and/or mental health needs. There were 11 people living in the service at the time of the inspection.

There was a registered manager in post. 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.

People consistently received their care and support in a way that ensured their safety and welfare. Staff knew how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had care plans and risk assessments in place to ensure people were cared for safely.

The service employed sufficient numbers of staff to care for people appropriately. Staff had been safely recruited, were well trained and supported to meet people's needs and aspirations. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications when needed.

People had enough to eat and drink to meet their individual needs. People's care needs had been assessed and their care plans provided staff with the information needed to meet their needs and preferences and to care for them safely. People's healthcare needs were monitored and staff sought advice and guidance from healthcare professionals when needed.

Staff were kind and caring and knew the people they cared for well. They ensured that people had the privacy they needed and maintained their dignity at all times. People expressed their views and opinions and they participated in activities of their choosing. People were able to receive their visitors at any time and their families and friends were made to feel welcome. There were advocacy services available where people did not have family members to support them to have a voice. 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 service had an effective complaints system in place and people consistently told us they were confident that their concerns or complaints would be listened to and acted upon appropriately. The registered manager strived to make life better for people. Staff were confident and shared the registered manager's

vision to provide people with excellent care that met their individual needs and aspirations. The service consistently sought people's views and opinions and used them to drive improvements in the home. The quality assurance system was effective and well implemented. The registered manager and provider monitored the service and recognised when improvements were needed and swiftly took action to make them.

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.

People were protected from the risk of harm. Staff had been safely recruited and there were sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was good and ensured that people received their medication as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for by well trained and supported staff.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

People had enough to eat and drink and they experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were treated respectfully by staff who knew them well and who were kind, caring and compassionate in their approach.

People were involved in their care as much as they were able to be. Advocacy services were available when needed.

Is the service responsive?

Good ●

The service was responsive.

The assessment and care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure in place and people

were confident that their complaints would be dealt with appropriately.

Is the service well-led?

Good 

The service was very well led.

The service consistently sought people's views and opinions and they drive improvements in the home.

The quality assurance system was well established and the registered manager and provider monitor the service and recognised when improvements were needed and swiftly took action to make them.

Little Waking House

Detailed findings

Background to this inspection

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

This inspection took place on 16 and 26 May 2016. It was unannounced and carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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 also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with seven people who used the service, two of their relatives, the registered manager, seven members of staff and one visiting professional. We reviewed four people's care files and four staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

Is the service safe?

Our findings

People were protected from the risk of abuse. They told us that they felt safe living in the service. One person said, "I'm so happy here, I like everyone. I can tell staff if I'm worried about anything, they help me." Another person said, "I worry about [person's name] but I've told the staff and they resolved it."

The registered manager and staff demonstrated a good knowledge of safeguarding procedures and when to apply them and there was a policy and procedure available for staff to refer to when needed. Staff had been trained in safeguarding people and knew the actions to take if they witnessed or suspected abuse. One staff member said, "If I ever saw abuse taking place I would immediately report it to the manager, after making sure the person was safe. I know that I can also report it to the local authority or to CQC." There were leaflets and a poster clearly displayed in the hall about how to safeguard people and what to do if abuse was suspected. This provided people with the information they needed about how to keep people safe. The registered manager had taken appropriate action to safeguard people and was pro-active in keeping the relevant people informed.

Risks to people's health and safety were well managed. People had risk assessments together with management plans for any areas of identified risk such as for walking, falls, behaviour, hot water, travelling and accessing the local community. Staff had a good knowledge of people's individual identified risks and they accurately described how they managed them. Staff had received training in first aid and fire safety and they knew who to call in an emergency if needed. There were detailed fire evacuation plans in place which were displayed in the hall near to the fire panel for ease of access to staff in an emergency. Staff told us, and the records confirmed that regular fire drills had been carried out. This showed that people were supported to take every day risks and to maintain their independence.

People were cared for in a safe environment. The registered manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and there were safety certificates in place. The registered manager told us, and the records confirmed that their maintenance person had carried out minor repairs swiftly. There was a list of emergency telephone numbers available for staff to contact contractors in the event of a major electrical or plumbing fault.

There were sufficient staff to meet people's assessed needs. People and their relatives told us that there were enough staff working in the service to meet people's needs. One person told us, "The staff are always there if I need help with anything." Another person said, "I get the help I need." Staff told us that staffing levels were adequate even at busy times. Two staff members told us that extra staff were called upon if the service required, for example when someone needed extra support when they were admitted to hospital. The registered manager said, and the duty rotas confirmed that additional staff had worked as and when necessary to facilitate one to one activities outside of the service. The duty rotas showed that staffing levels had been consistent over the six week period checked and there were sufficient staff to meet people's needs when we visited the service.

There were robust recruitment processes in place to ensure that people were supported by suitable staff.

The registered manager had obtained all of the appropriate checks in line with regulatory requirements before staff had started work. For example criminal records bureau checks with the Disclosure and Barring (DBS) service and written references. Staff told us that the recruitment process was thorough and they had not been able to start work until all the checks had been carried out.

People's medicines were managed safely. People told us that they were given their medication correctly. Staff had a good knowledge of people's medicine needs and their individual medical history and they gave people their medication appropriately. Staff had been trained and had received regular updates to refresh their knowledge and their competency to administer medication had been regularly checked.

We carried out a random check of the medication system and observed a medication round. The medication was correct and the medication administration record sheets (MARS) had been completed to a good standard. Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication. There was a good system in place for ordering, receiving, storing and the disposal of medication. This showed that people received their medication safely and as prescribed.

The service employed a housekeeper and the home was clean, tidy and hygienic. Staff worked together with people to ensure that the service was kept free from the risk of infection and staff had received infection control training. Visitors told us that the home was always clean, tidy and fresh when they visited. One professional said, "I am very impressed with the cleanliness of the home. It is very homely and a pleasure to visit."

Is the service effective?

Our findings

People were cared for by staff who felt supported and valued. Staff told us, and the records confirmed that they had received a good induction. They said they had been given a copy of the General Social Care Council's code of practice. This document sets out the conduct that is expected of social care workers. All new staff had undertaken the Care Certificate. The Care Certificate is a set of minimum standards that care workers follow. It replaces the Common Induction Standards and equips new staff to carry out their work effectively. The registered manager told us in their Provider Information Return (PIR) that staff were required to read and sign the service's policies and procedures as part of the induction process. This ensured that staff had the knowledge to take any actions necessary in line with the service's policies and procedures.

Staff had received regular supervision and they told us that they felt well supported in their role. One staff member said, "The manager is very good, they are always available to give me advice and support when I need it." Another staff member said, "Although I have regular supervision where I can discuss any issues about my work, I feel that I can ask [registered manager's name] for help whenever I need it."

Staff had the knowledge and skills to care for people effectively. People and their relatives told us that they felt the staff were well trained. Staff told us that they had received a wide range of training and updates appropriate to their role. One staff member said, "I have been trained to use British Sign Language (BSL) and that has helped me to communicate with our person who is deaf. I have shared my knowledge of BSL with other staff members and they now also communicate better with our person who is deaf." Other staff members told us they had undertaken a dementia tour in November 2015. They said it enabled them to experience what it felt like to be living with dementia. One staff member said, "It has helped me to understand the problems people face when they are living with dementia. I will be better able to support people now I have had this training." Staff told us they had completed a national qualification in care and the records confirmed that 16 of the service's 21 staff had either obtained or were working towards a national vocational qualification in care. People were cared for by well trained staff.

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 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 the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. There was information available about MCA (in an easy read format) and DoLS and staff had been trained and they demonstrated a good understanding of how to support people in making decisions. One staff member told us, "We carry out MCA assessments at level one for everyday best interests' decisions where necessary. Where people require more complex decisions to be made a professional best interests meeting will take place." Other staff clearly

described how people were assumed to have the capacity to make their own decisions and was aware of their duties under the MCA. Mental capacity assessments had been carried out where required and appropriate DoLS applications had been made to the local authority. People told us that staff asked them for their consent before carrying out any activities or tasks. This showed that where people were not able to make every day decisions the service made decisions in their best interest in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. The service, together with people who used it, had developed a pictorial menu to help people to choose their meals and snacks. People told us that they enjoyed their food both in the home and when they went out to local cafes. They said that they always had enough food and drink to meet their needs. One person said, "If I want more food, I can have it. There is always something nice to eat and I get to choose what I want at the time." Another person told us, "I always get a choice. If I don't like the food I can choose something else if I want." The mealtime experience was pleasant with people chatting together with staff and each other. There was plenty of fresh fruit and vegetables available. The service catered for people's ethnicity and religion and ensured that appropriate food and drink was available to meet their needs. Where it was necessary people's dietary intake had been recorded and their weight had been monitored to ensure that their nutritional intake kept them healthy. The service had recently had a food hygiene inspection and achieved the highest score of five for their catering practices.

People's healthcare needs were met and there was good health information available. People told us that they had been supported to visit healthcare professionals when needed. These included the dentist, optician, occupational therapist, chiropodist, physiotherapist, district and specialist nurse and the doctor. People told us, and the records confirmed that they got the support they needed to help them to remain healthy. The outcomes of healthcare visits and any follow up actions had been clearly recorded and showed how and when people had received the support they needed. One healthcare professional said, "It is lovely to see such good results." There were pictorial hospital passports in place to support people during hospital stays. A hospital passport provides nursing and hospital staff with information about the person if they are not able to communicate verbally themselves. It includes things that are important to the person, such as how they communicate, what medication they take, how you can tell they are in pain, how to keep them safe and emergency contact numbers. People received the healthcare they needed to help keep them fit and healthy.

Is the service caring?

Our findings

People told us that staff were kind and caring. They said that they were always there to listen to them and that they gave them the time they needed to respond. We heard this in practice throughout both our visits. Staff were heard being understanding and patient and when it came to people's different style of communication. Relatives told us that they visited the service regularly and that the staff were always kind, caring and compassionate. One relative said, "The staff understand my relative's needs and they are all so very kind and caring. They [staff] show how much they care about supporting my relative well." Another relative told us, "The staff and managers are so good here, they are brilliant. They consult me about the care my relative receives so I am able to contribute towards any decisions that are made." They said that for example their relative had always been resistant when it came to supporting them with personal hygiene and hydration. They said, "Instead of dismissing my relative's needs by saying it was their choice to refuse, they encouraged and supported them in a kind and caring manner to maintain both their personal hygiene and their hydration." Staff knew the people they cared for well had they had built up positive caring relationships with them. People were relaxed and happy throughout our visits and staff displayed kind, caring and compassionate qualities.

People told us that the staff treated them with dignity and respect. They said that staff never rushed them and that they took the time they needed for any activities and tasks. We heard staff talking to people respectfully, asking them for their views and opinions and we saw staff supporting them in a calm and respectful way. Staff spoke about people respectfully in a manner that showed they cared and had insight into the person's needs. People told us that staff always respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms.

People told us that they were able to practice their faith. One person said, "I go to church regularly, which is very important to me." This person said they wanted to give something back to the community so staff contacted the Vicar and the person now helps out at the church. They help clean the church and the pews and set up the church ready for services. The person said that they felt privileged to be able to help the church. People's religious faith was respected and their cultural needs had been met.

Staff supported people to maintain their independence. People told us that they were supported to carry out a range of activities of their choosing. Some people had learnt how to travel on public transport so were able to retain their independence and enjoy travelling to college or going shopping in the town centre independently. A visiting relative told us, "This is a lovely home that cares for my relative well. They [staff] are always welcoming and support my relative to remain as independent as possible." Staff recognised the importance of acknowledging people's individual levels of independence and encouraging and supporting them to maintain and improve it. Some people were able to go out independently and those that were had a mobile telephone to enable them to call for help if needed. People told us that they decided what they wanted to do and when they wanted to do it. We saw that people decided when they wanted to get up. One person said, "I like to have a lie-in in the mornings. I don't like getting up early so I get up when I want to and have my breakfast when I am ready for it."

The registered manager said in their Provider Information Return (PIR), "We pride ourselves as being different from other residential services by encouraging, promoting and supporting people to live the life they choose. People take control of their own decisions whilst being supported to make unwise choices and learn from their experiences." Due to the life skills and confidence people had built during their stay at the home several of them had moved on and now live independently in the community. Staff had supported one person to research several driving schools as they wanted to learn to drive and plan to start driving lessons when they are fit enough to do so. Another person had been supported to make contact with an estranged relative who lived in another county. The staff accompanied them to visit their relative using the home's vehicle. The person said they had a wonderful visit and thanked staff for making it possible. This shows that people are supported and encouraged to keep and improve their independence to enable them to live a truly independent life where possible.

People were actively involved in making decisions about their care and support and they told us they made choices about everything they did and how they spent their time. The care files contained detailed and very good information about people's likes, dislikes and preferences and staff knew them well. This enabled staff to care for people in a way that they preferred. The service was in the process of developing pictorial life histories entitled 'All About Me'. They showed as much information about the people being cared for as was possible. Staff knew people well and recognised the importance of recording their life histories to ensure that all staff had enough information about each person. One staff member told us, "It helps to have some background knowledge so that you can care for people in the right way."

People told us that their visitors were made welcome at any time. One person said, "My sister comes to visit me when she wants to." Another person told us, "My relative visits me very often and we spend time together." A visiting relative said, "Everyone is great here. I am always made to feel welcome." The registered manager told us that although visitors were always welcome one relative telephoned before visiting to enable their relative to be prepared for the visit. This ensured that the person was relaxed and happy to see their relative.

Where people did not have family members to support them to have a voice, they had access to advocacy services. 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. There was a list of advocacy contact details displayed on the office wall and we saw details of advocates input in people's care files.

People had been supported to attend family funerals. One person told us how they had been supported to purchase and release balloons into the sky to remember their blood relatives who had died. They had been supported to write a card and attach it to the balloon in their memory. This showed that staff cared about people's feelings and helped them to deal with the loss of their loved ones.

Some of the people using the service had discussed end of life care with staff. One person had bereavement in their family and the service had sought advice and guidance from Cruse Bereavement Care (CRUSE). CRUSE is a counselling service that offers people support, advice and information when someone dies. Staff had supported the person to attend their relative's funeral and through the grieving process. Other people had taken part in a trip to a local crematorium to help them to understand and better plan for their end of life care. One member of staff told us they had organised the 'end of Life pathway' visit to the crematorium for people to explore the meaning of death. They said, "The people who took part in the visit had created pictures and other memorabilia from the exercise." One social care professional told us, "The service provides very person centred care and are very creative. For example some people had visited the local crematorium to help them to understand the concept of dying and to help them to plan their end of life care." This shows that the service provided very good caring, person centred care to meet people's needs

and expectations.

Is the service responsive?

Our findings

People had received a full assessment of their needs prior to moving into the service and together with their families had been fully involved in the assessment and care planning process. Care plans had been devised from the initial and on-going assessments. People told us that they participated in writing and reviewing their care plans. One person said, "Staff checked my needs before I moved here. They [staff] always ask if I need anything to change." One relative said, "I am always consulted and involved in my relative's care and support and am able to contribute to the decision making process around their needs."

The service had catered for people's individual needs. For example one person was deaf and staff had been trained in the use of British Sign Language to help them to communicate better with the person. We observed BSL in use between the person and different members of staff throughout our visits and saw that they communicated effectively. The person was able to communicate freely with all of the staff on duty. In addition to ensure the person was able to be alerted if there was a fire, a deaf alarm had been fitted in their room. This meant that as the person could not hear the fire alarm they could see the beacon flashing if the fire alarm sounded so they could make their way to safety in the event of a fire. Other people were being supported to make a decision about if they wanted to vote in the EU referendum. Staff had researched information for people with learning disabilities on an advocacy website. Staff then explained the options to people so that they were able to make an informed choice (if they chose to) about who to vote for.

The care action sheets (care plans) were detailed and informative. They identified people's individual preferences such as their preferred name and the times they liked to go to bed and to get up. Staff told us that the care plans clearly described people's needs. One staff member said, "The care plans and risk assessments are very clear about what people need and the way I should support them. Some people need a lot of encouragement to do things, whilst others do them willingly." Another staff member said, "The care plans are person centred and inform us how to make sure people are supported appropriately." The care plans had been regularly reviewed and updated to reflect any changes to people's needs. People received personalised care that was responsive to their individual needs.

People had taken part in a range of activities. They told us about their visits to theatres, pub meals, bowling, swimming, local parks and holidays abroad. One person said, "We went to Benidorm last year and I had a great time there. I will be going on holiday again soon." There were photographs of holidays and visits to local parks displayed on notice boards in the hall. One person was eager to show us the photographs and said, "I enjoy myself and like having fun as you can see in the photographs." Another person told us, "I go to the local shop and the duck pond. I do dancing at the church hall which I really look forward to." People told us they were supported to attend a local church and to follow their faith. They also said that staff helped and encouraged them to follow their own interests and hobbies.

People consistently told us that they were asked for their views and opinions on a daily basis and we heard and saw this in practice. Staff constantly asked people if the service suited their needs or if they would like anything done differently. People told us that they had regular meetings to discuss what they wanted from the service and how it was to be run.

People and their relatives told us they knew how to complain. One person said, "I would tell the manager if I did not like something. They would sort it out for me." Another person told us, "When I am worried about things I speak to the staff and they help me to understand what I can do to make things better. I know I can complain and they will fix it." A visiting relative told us they felt comfortable in discussing any issues or concerns with the registered manager. Another relative stated, "I am overwhelmed by how happy my relative is."

There was a good complaints process in place which fully described how any complaints or concerns would be dealt with and it included the contact details of CQC, the local authority and the Local Government Ombudsman. There were Care Home review leaflets and a suggestion box in the hall near to the visitors' book. This gave people the opportunity to make suggestions and to inform an external agency about their experience of the service. The complaints records showed that concerns had been responded to appropriately and that they had been fully considered and resolved. The registered manager told us in their Provider Information Return (PIR) that they monitored complaints to enable them to identify any themes, and to learn from them. People were confident that their complaints and concerns would be dealt with appropriately and in a timely manner.

Is the service well-led?

Our findings

The registered manager has been in their post since the service was first registered. They work in the service on a daily basis and are well known to people who use the service, their relatives and staff. People consistently told us that they liked the registered manager and that they did a lot for them. The registered manager told us that they felt they had a good relationship with people and that they did all they could to support them to live the lives they chose. People were very positive about the service they received and comments included, 'I like it here', 'I do cooking, shopping and go to Southend', and 'Everything runs like clockwork'.

The registered manager was creative and proactive in trying to ensure people's community access. For example they had sourced information about free bus passes and free cinema entry for people who were in receipt of benefits. As a result of their research people now benefit from regular cinema visits and more frequent trips out in the local community using their free bus passes. They had innovatively sought guidance and information from the relevant experts to ensure that people were actively involved in the local community. For example staff supported people to register with Stars in the Sky which is a dating and friendship agency for adults with learning disabilities. The agency is run by people with learning disabilities and was founded in London in 2005. There is a Lesbian, Gay, Bisexual and Transgender (LGBT) group called skittles which enables people to meet and socialise with other LGBT people.

Staff told us that the registered manager was supportive and available should they need help or advice about anything. One staff member said, "[Managers name] makes sure I get the support I need. I am learning all of the time." A visiting relative told us that they were always able to have individual meetings with the registered manager if they wished to discuss the service their relative received.

The registered manager promoted a positive culture that was person centred, open and empowering. People and staff were actively involved in developing the service and there was an emphasis on supporting staff and people who live at the service to make decisions on how it was run. The registered manager encouraged both staff and people using the service to have open communication which included regular meetings and their open door policy. It was clear throughout both our visits that the registered manager was freely available to support people, their relatives and staff. People told us they were able to speak with the registered manager whenever they wanted to. They had confidence in them and told us that they were approachable and supportive and responded positively to any requests that they made. We observed this in practice, for example one person came into the office during our inspection and repeated what they had to say to the registered manager many times. The registered manager was calm and patient and they responded to the person in a way that was important to them. This reassured the person that what they had to say was important. The registered manager told us that their philosophy was to provide people with individual support with integration into the community. All of the staff said that they felt valued and they shared the registered manager's vision to provide people with high quality person centred care that met people's dreams and aspirations.

There were clear whistle blowing, safeguarding and complaints procedures in place. Staff told us that they

were confident about implementing the policies. One staff member said, "My job is to ensure that people are cared for safely. I am confident that the manager would act quickly to prevent any harm coming to people. I know that I can speak out if I need to."

There was an well established and very good quality monitoring system in place and people were actively involved in making decisions about how to improve the service. They had regular meetings where they had discussed a range of issues that were important to them. As a result of people's involvement in improving the home it was decided to have a small allotment in the garden where people could 'grow their own' vegetables. Another example of improvements was the 'tuck shop'. People told us they were very excited about this initiative as it was going to be a replica shop with a real till. One person said, "It will help me to get used to handling money and dealing with shopping. I am really looking forward to it." In addition to regular meetings the registered manager sought other people's views about the quality of the service. They had carried out a quality assurance survey in September 2015 and the views of all interested parties such as relatives, social workers, psychiatrists and advocates had been sought. Their responses had been analysed and actions had been taken to address any shortfalls. Regular audits had taken place such as for medication, finances, staff files, supervision, training and health and safety. People and their relatives consistently told us that they were very happy with the quality of the service. They said that the service was excellent and that people always came first.

The service was in the top 20 care homes in the carehome.co.uk Top 20 Care Homes Awards 2016. The awards are based on reviews and recommendations received from people, their families and friends. The carehome.co.uk website showed that the service had a review score of 9.9 (out of a maximum of 10). Out of the 15 reviews recorded on the website 12 stated that the overall service was excellent. Many of the areas scored either excellent or good. This showed that people were happy with the quality of the service.

Staff told us, and the records confirmed that regular monthly meetings had been held where a range of issues had been discussed. These included people's life style choices, life skill books, and the key worker role. This helped to enhance people's lives as they received up to date care and support. Staff said that the registered manager allowed them sufficient time at their staff meetings to have an open discussion about issues of their choosing which provided them the time to ensure they were up to date with people's changing care needs, training and development and issues relating to the service. They added that these meetings helped to ensure they were fully involved in how the service was run. Staff communicated well with each other. A handover took place at every shift change and staff used a communication book to record important information. This enabled staff to quickly access information on return from leave or absence. This ensured that staff had the information they needed to care for people safely. This showed that there was good teamwork and that staff were kept up to date about changes to people's care needs.

People's personal records were safely stored in locked cabinets in a locked office when not in use. They were easily accessible to staff, when needed. The registered manager is creative and innovative and constantly strives to ensure that the service improves. They had access to up to date information and guidance and shared this with their staff team to help them provide people with the best possible care. Together with the staff they have the knowledge, skills and experience to provide people with an outstanding quality of care.