

Zero Three Care Homes LLP

Imola

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on the 9 and 10 August 2016.

Imola is a registered care home providing 24 hour support to eight adults with a learning disability. The service does not provide nursing care. On the day of our inspection the service did not have any vacancies.

The service had 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 were treated with dignity and respect and staff interacted with people in a kind, caring and sensitive manner. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

There was a regular and consistent staff team. The provider had appropriate recruitment checks in place which helped to protect people and ensure staff were suitable to work at the service. There were sufficient numbers of skilled, well trained and qualified staff on duty. Staff told us that they felt well supported in their role. We saw that staff had received training, but some updates were needed. Formal supervision had been regularly provided.

We found that detailed assessments had been carried out and that the care plans were very well developed around each individual's needs and preferences. There were risk assessments in place and plans on how the risks were to be managed. We saw that appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves; to help ensure their rights were protected. People were supported with taking every day risks and encouraged to take part in daily activities and outings.

People were happy and relaxed with staff. Systems were in place for people to raise concerns and they could be confident they would be listened to and appropriate action was taken.

People's medication was well managed and this helped to ensure that people received their medication safely. They were supported to be able to eat and drink sufficient amounts to meet their needs and were offered choice. We found that people's healthcare was good. People had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians.

The provider had effective quality assurance systems in place. People and their relatives were encouraged to feedback on their experiences and staff tried to involve people where possible in day to day decisions and the running of the service. The service was well managed.

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 ●

This service was safe.

Medication was well managed and stored safely.

People were safe and staff treated them with dignity and respect.

There were sufficient staff on duty and they had a good knowledge of how to keep people safe.

Is the service effective?

Good ●

This service was effective.

People were cared for by staff that were well trained.

Staff had received regular supervision and felt well supported.

Staff had a good working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

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

People experienced positive outcomes regarding their health.

Is the service caring?

Good ●

This service was caring.

People were provided with care and support that was tailored to their individual needs and preferences.

Staff understood people's care needs, they worked with them closely to establish their likes and dislikes and responded appropriately. Staff provided people with good quality care.

Is the service responsive?

Good ●

This service was responsive.

People received consistent, personalised care and support and, where possible, they had been fully involved in planning and reviewing their care.

People were empowered to make choices and had as much control and independence as possible.

People were given the care they needed in response to their own diverse needs.

Is the service well-led?

Good ●

This service was well-led.

Staff understood their role and were confident to question practice and report any concerns.

Quality assurance systems were in place and effective.

Imola

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.

The inspection was unannounced and took place on the 09 and 10 August 2016.

The inspection was undertaken by one inspector.

As part of our inspection we reviewed information we hold about the service. This included notifications, which are events happening in the service that the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with the deputy manager, area manager, and five members of the care staff. Five relatives were approached for their views about the service and where we received a response this has been added to the report.

We also spoke with two of the people who lived at the service, but due to remaining people not being able to communicate verbally we spent time observing staff interaction with them in the communal areas and garden.

As part of the inspection we reviewed three people's care records. This included their care plans and risk assessments. We looked at the files of two staff members which included their support records. We also looked at the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training.

Is the service safe?

Our findings

Staff told us that they felt people living at the service were safe and they did not have any concerns around the care people received. Feedback from relatives included, "We have peace of mind that [person's name] is safe, which is paramount so far as we are concerned. " People were seen to be relaxed in the company of staff and they had very good relationships. Those able to respond verbally told us that they 'felt safe' and would speak to the manager or their key worker if they were not happy. One added, "I feel safe here."

The staff knew how to protect people from abuse and avoidable harm and they had completed relevant training during their initial induction and also received regular annual refresher courses. The area manager provided training for the staff and is also the safeguarding lead for the company. Further training for senior staff and the managers had been organised for October 2016. Staff were able to express how they would recognise abuse and who they would report their suspicions to. This included the deputy manager, registered manager, upper management and the local authority. The area manager advised that all staff are provided with written guidance on contacting the local authority if they have any concerns.

The service had policies and procedures on safeguarding people and these were there to help guide staff's practice and to give them a better understanding. It was noted that the service had 'Ask SAL' posters around the home, which provided the reader with information on who they could contact if they had any concerns regarding vulnerable people. This showed that the service had systems in place to help protect people from potential harm and staff had been trained to take appropriate action. The service had a whistle blowing procedure in place for staff to use and this provided information on who they could take any concerns to.

Detailed risk assessments had been routinely completed and these identified how risks could be reduced to help keep people safe. People were supported to take risks and where possible encouraged to make choices and decisions during their daily lives.

Appropriate monitoring and maintenance of the premises and equipment was on-going. Regular checks had been completed to help ensure the service and amenities were well maintained and that people lived in a safe environment. General maintenance had been completed and people's bedrooms had been decorated and personalised to each person's character. Feedback the service had received from one relative regarding positive change to the environment included, 'Thank you to the maintenance team and staff at Imola for the wonderful built in wardrobe that has been approved, planned and built in my son's room. He was not only surprised but has shown pleasure and pride in his new bedroom which has been newly painted and carpeted.'

There were enough staff available to meet people's individual needs and many people living at the service received one to one support. During the inspection there were always at least eight staff and one person from management to provide support. People were enabled to follow their interests and past times and there were sufficient staff to support them. People were seen to be well supported and we saw good examples from staff where people were provided with care promptly when they needed it or on request. There were systems in place to monitor people's level of dependency and help assess the number of staff

needed to provide people's care. The deputy manager added that the assessing of staffing levels was an ongoing process and they provided examples of where in the past they had requested more staff for individuals due to either their care needs changing or specific activities where higher staffing was required. The service did not use agency staff and gained support and cover from either the staff at the service or from other services the provider owned. The deputy manager advised they found this was better for the people they cared for as it provided continuity of care and many of the people at the service had "complex needs and needed staff that were familiar to their needs." Staff employed at the service worked both day and night shift so they were aware of each person's needs through a 24 hour period and could identify any particular patterns in behaviour or care requirements.

The service had a recruitment procedure in place to help ensure correct checks were completed on all new staff and this practice helped to keep people safe. The files of two recently recruited staff were viewed and relevant checks had been carried out. This included health declarations, identification, references and checks from the Disclosure and Barring service (DBS). The service also had a disciplinary procedure in place, which could be used when there were concerns around staff practice and keeping people safe.

People received their medicines safely and as prescribed and medication had been stored safely and effectively for the protection of people using the service. They had been administered and recorded in line with the service's medication policy and procedure. The service also had clear guidance and protocols for staff on homely remedies which was very descriptive and informative. Medicines had been recorded and signed for and each person's medication folder was accompanied by their photograph and details of any 'as and when required' medication. This supported staff to ensure that the correct person received the correct medicines prescribed for them. The service employed a consultant for medication so that questions and concerns staff may have could be addressed quickly.

All staff had been provided with medication training when they were first employed by the service and competency checks had been regularly completed. It was the service's practice that only senior staff administered people's medication, but management felt it was important that all staff had an understanding of the medication policy and practice. A weekly audit had been completed by management to check for any errors and check stock had been completed. The service also had an annual audit that had been completed by an external pharmacist and no concerns had been raised. This meant that systems were in place to ensure staff were able to ensure all medicines could be safely accounted for.

Is the service effective?

Our findings

People were observed with staff and all appeared happy and content with the care and support they received. Staff were able to demonstrate that they did not only know the people they were key worker for very well, but they also knew the other people's care needs and ensured that these were met. Feedback from one relative included, "Over the years there have always been certain members of staff who have gone that extra mile in their job and built a good relationship with [person's name]. Training seems to be pretty person centred and staff made aware of the persons needs, behaviours etc."

Staff received a comprehensive induction when they were recruited and this included a three day in-house induction where they would shadow a senior member of staff to ensure they were confident and competent in their role. All staff would attend a five day organisational induction where they would complete any mandatory training. This included autism, challenging behaviour, first aid, food hygiene, health and safety, manual handling, safeguarding vulnerable people, epilepsy, mental capacity act and deprivation of liberty and low physical intervention. They also received information about the running of the service and guidance and advice on how to meet the needs of the people living there. Staff spoken with were very complimentary about the induction and as many did not have any previous experience in providing care they felt it had given them the skills and confidence they needed. The service had implemented the care certificate, which is a recognised induction into care and it was the provider's requirement that this is completed within two months of the new staff member starting. Many of the staff had gone on to complete a recognised qualification in care and others were working towards this.

Staff we spoke with said they had received training and added that the organisation was very good at ensuring they had the knowledge and skills to carry out their roles and responsibilities as a care worker. They added that they felt they had the training they required to meet people's individual needs and that they could ask for training in areas they felt would assist them in developing their knowledge. On looking at the training records it was apparent that all staff were up to date with mandatory training and had been provided specialist training where needed.

Documentation seen showed that staff had received support through one to one sessions, clinical cascade meetings and appraisals. Clinical support meetings were where staff would discuss individual people's care and their behaviour and look at ways this could be improved. Team building days had been recently organised and evidence was available on work that had taken place during this day. This included staff being encouraged to write positive comments about what they liked about each of the people living within the service and the final documents had been placed in each person's file and also in people's bedrooms. Feedback from staff was that this had been a positive experience and was also a talking piece for them to discuss with people living within the service. Staff reported that they received regular supervision and that they could always ask management for extra sessions if they needed them or wanted to discuss something. They stated that they had all found the management within the service approachable and supportive and that they received the support they needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff we spoke with demonstrated an awareness of the MCA and DoLS and had received training.

The deputy manager advised that due to the level of some people's verbal skills within the service communication could sometimes be difficult. They added that they achieve this through staff gaining people's views where possible and through contact with relatives. The service had a key worker system in place and staff would work with each person to identify their needs and what their perceived wishes and decisions would be. People at the service had been encouraged and enabled to make day to day to day decisions where possible and where needed mental capacity and deprivation of liberty assessments had been requested and completed. This showed that staff had up to date information about protecting people's rights and freedoms. Where possible, consent had been gained and people or their relatives/advocates had agreed to the service providing care and support. People were observed being offered choices during the day and this included general decisions about their day to day care needs and also any activities they wanted to take part in. Staff spoken with stated that they would ensure each person was offered at least two choices so they could be involved in their day to day care and decisions.

People were being supported to have sufficient to eat, drink and maintain a balanced diet. Menus for the service were seen and this showed that there was a varied menu and that people were offered choice and a healthy balanced diet. Staff stated that the menus were only a guide and they offered different options for the main meal where people wanted an alternative. Staff were observed getting regular snacks for people and also hot and cold drinks. They added that they had worked out what each person liked to eat and would offer them a couple of choices so they could choose the meal they wanted. They did have some picture menus but many of the staff stated that people found it easier if the staff member took the person into the kitchen and actually showed them what was available so they could make a choice. No one living at the service had any allergies or dietary requirements.

Staff had a very good understanding of each individual person's nutritional needs and how these were to be met. Each person had a nutritional record which included what each person had had to eat and also how much, which assisted staff in monitoring people's nutrition. If people required assistance from a nutritionist or healthcare professional a referral would be made. The service also had access to a dietician who had knowledge of people with learning disabilities and were able to offer relevant help and assistance. Two people had plans in place to include regular snacks due to being diagnosed with Pica (People with Pica frequently crave and eat nonfood items such as mud, plaster, latex gloves etc. which can be a risk). They had found that this had been successful and people were seen during our visit having healthy snacks throughout the day. Another staff member had raised some concerns around an eating disorder and action had been taken to gain support to reduce risks for the individual and put a plan of action in place. The deputy manager advised that they were pleased with the outcome as improvements had since been made. People had been supported to maintain good health and had access to healthcare services and received ongoing support. Referrals had been made to other healthcare professionals when needed and this showed that staff supported people to maintain their health whilst living at the service. Each person had a health action plan in place to identify any health care needs and documentation showed that people had visited the optician, doctors and hospital when needed. Hospital passports were also in place which had basic but essential information that could be sent with individuals if they needed any emergency or planned hospital admissions. These would help other healthcare professionals know essential information about each person, their health needs and any care needs.

Is the service caring?

Our findings

One relative stated, "The most important point for us as parents, is that [person's name] is safe, happy, content, and enjoying as good a quality of life as he can cope with. We definitely feel that Imola/Zero Three Care have provided not just care, but enormous input into his psychological health and behaviour problems which was, and still is, so crucial to his wellbeing." During observations we saw that people were relaxed with staff and given the time and support they needed. Some staff had worked at the service for a number of years and when speaking with them they were able to show that they knew the people very well, including their history and what care and assistance each person may need. All staff were 'key workers' for a specific person, but they also had very good knowledge on each person's care needs and their likes, dislikes and triggers that could cause challenging behaviour. Staff worked hard to support people well and you could see during our observations that they wanted to make a difference to their lives. Care was seen to be provided with kindness and compassion and it was clear that the staff were there to improve the lives of the people they cared for and would look at intuitive ways to improve each person's care experience. Simple things such as introducing a post box in the garden as one person liked to post things, removing bedding from the bed during the day to assist the person to identify when it was bed time. Feedback the service had received from a relative included, 'We are all impressed with the quality of care and commitment of staff. To be honest the care has exceeded our expectations, we have one word outstanding.'

People received good person centred care and the staff did their best to ensure that where possible people had been involved in decisions about their care and the lives they lived. People were seen during the inspection being empowered to make choices for themselves, including what they wanted to wear, eat and drink. They were also offered a variety of activities to ensure they were offered choices on how they wanted to spend their day. Feedback from the service's quality assurance included, '[Person's name] has a very high quality of like which is something I have always advocated for and it has been achieved by your professional committed staff' and, 'Long term staff are very good and understand my son and have now got a great relationship, which is always a good thing.' One health care professional had sent in feedback to the service and this stated, 'Just wanted to say a big thank you to you all. You have been a joy to work with. I have been impressed by everyone's willingness to be open, listen, learn and share learning across the organisation.'

Staff were seen responding quickly to people's needs and they were kind and caring in their approach. Staff were observed interacting with people and everyone was included in the general conversations and activities within the service where possible. Staff were heard using each person's preferred name and they were seen to use this to help interaction and ensure they had the person's full attention.

Staff showed good practice when people became agitated or upset and knew what may help to change the person's behaviour and help make them to calm and relax. The provider was also able to give examples of tactics they had introduced to help reduce people's 'triggers,' and what they had found made people unhappy or had changed the person's behaviour. Care plans were very informative and included a section on, 'welcome to my world,' which had information to assist staff in knowing each person and their past history and how to best manage any changes in behaviour and moods. The service has access to a clinical professional who assisted the home when they needed more advice or assistance in this area.

People were encouraged to be as independent as possible and staff were observed providing support and encouragement to those who needed it. Where possible people had been supported to express their views about their care and support. Relatives had also been involved in decisions about care, but where people did not have access to family or friends that could support them, the service arranged for advocacy services to offer independent advice, support and guidance to individuals. Many at the service had the assistance of a social worker when needed.

Staff stated the home was open to visitors at any time and there were no restrictions. One person had a visit from relatives whilst the inspection took place and others had regular contact with family either through phone calls or visits. Many would often see or stay with their relatives at the weekend and staff enabled this to ensure regular contact was made with family. One person phoned their relative each night with staff's assistance and they would be updated on what activities had occurred during the day and how the person's day had generally gone. The service had received feedback with regard to this and it stated, 'Recently we have incorporated a daily phone call at bedtime. It has been very successful. When I phone daily they share information about [person's name] day etc.'

Is the service responsive?

Our findings

Staff assisted people with their care and were very responsive to their needs. People received the support and assistance they needed and staff were aware of how each person wanted their care to be provided and what they could do for themselves. Each person was seen to be treated as an individual, the care was very person centred and it was clear from documentation seen, observations and discussions with staff that the service provided individual care to each person. One family member stated, "Our Son has been at Imola for 7 years, during which time we have seen enormous progress. From having serious behaviour problems and an isolated existence, to present day, where he is experiencing, with support, attending college, accessing the community, reduced anxiety, resulting in less distressing behaviour patterns, and being almost medication free. This is huge progress." The deputy manager and staff were able to discuss people's needs in depth, including what may cause them to be unhappy or show challenge behaviour. One staff member added, "We walk with them on things that they can do and then encourage them to try things they may like. It all takes time."

During observations people showed us they had trust in the staff and management and it was a friendly and homely environment. It was clear that the staff and management were there to ensure the people had a good quality of life and they empowered people in this process. One person was seen developing trust with their worker through the use of their favourite toy. At the beginning of the observation they were seen to offer the toy to the staff member and then snatch it back quickly. As the observation continued the staff member was seen sitting crossed legged with the person in the garden and the toy was eventually offered freely and accepted back. The person looked relaxed and was enjoying the experience with the staff member.

Many of the people had lived at the service for a number of years, but all had had their needs fully assessed before they moved to the service. The assessment forms were easy to read and quickly helped to identify each person's needs and assisted the service to identify whether they could provide the care required. The care plans we reviewed were very in-depth and contained a variety of information about each individual person including their physical, psychological, social and emotional needs. The assessment included each person's history so that anyone looking at these would have a good understanding of the person and who they were. Any care needs due to the person's diversity had also been recorded and when speaking with staff they were aware of people's dietary, cultural or mobility needs. The deputy manager advised that none of the people presently living at the service had any dietary requirements or practiced a religious faith.

Where possible people, relatives or health care professionals had been involved in producing care plans and this included people's choices and care needs. One staff member explained, "I will try different things. I will give [person's name] two or three choices and then he will choose. It is just time and getting to know the person." Care plans had been reviewed regularly and updated when changes had occurred and reflected variations in people's needs and they also had short and long term goals for people to work towards. Feedback from relatives included, "At the annual reviews there is always an excellent report provided on all aspects of the persons life, i.e. health, behaviour, medication, goals, etc." Regular key worker meetings had taken place and these were very in-depth and looked at any items each person may needed to have

purchased, activities they wanted to do, holidays, education, clinical issues and how they were going to move forward with the care. The service had produced 'health passports' which had information that could be taken to hospital to advise health care professional of the care and support each individual would need to make their stay less stressful.

People had been supported to follow their interests and take part in their chosen activities. It was clear from discussions with staff that they tried to ensure each person took part in activities they liked and had interests in. All received one to one time with staff and there were good examples of people being encouraged to fly kites, being read to, having a foot bath with bubbles, going out to the shops, taking part in horse riding, a sensory swim or just relaxing with the television or music. People were kept busy and took part in activities of their choice. Some people living at the service would have access to colleges and take part in specific courses tailored to their abilities and interests, but this had stopped due to the summer holidays. There was a weekly timetable, which included many social activities, but the deputy manager advised that this was very flexible around how the person was feeling and also the weather due to some being outside activities. Feedback from relatives was very positive and one added "Lots is working well for my son. He is interacting very well with the staff. His social outings are going well and also home visits. Overall all is going well for [person's name]." The service also arranged for people to have yearly holidays and provided examples where staff had gone and how these choices had been made. It was clear that the staff and management were there to improve the quality of people's lives and also give people as many experiences they could achieve.

The service also arranged for someone to call in and give sensory massages. The person providing these advised that they had seen 'wonderful' results. They added that they had regular meetings with the registered manager and completed risk assessments and planned each sensory session specifically for each individual. They added "We have used different approaches with the service users and I'm happy to say we work well together to find a way to please each service user that I see."

The provider had an activities co-ordinator that was employed to look at activities across the company and arrange corporate days out. This had included pic nics, days out to large play centres, hiring out whole swimming pools and also themed parties. A recent 'super hero' day had been organised and pictures were available showing how those who attended had dressed as their favourite super hero. One staff member spoken with advised how they were organising a 'birthday meeting' to discuss options for the person they were key worker for. They added that they, "Loved their job and this is how I see my career going." Another added, "Being a keyworker has given me the opportunity to look at what I can do to improve [person's name] quality of life. They have been given opportunities to take part in lots of activities they enjoy."

The service was very homely and it was clear that the service was run around the needs of the people who lived there. Changes to the environment had been completed and included a large trampoline in the garden, an adult size swing, seating for those who used the garden and this had also been made into a safe environment. Care had been taken to ensure that all the plants within the garden were edible and would not cause any harm if eaten. The service had a large number of fences to help give privacy and also keep people safe. The service had three vehicles that could be used by staff to help take people out. These were routinely used during the inspection, but people also used public transport where it was their choice to do so.

The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. Management were seen to be approachable and that they listened to people's experiences. Staff stated that they felt able to raise any concerns they had. Relatives spoken with confirmed they were aware of how to raise any concerns and added that they had found the management at the home 'approachable' and 'very helpful.' Feedback the service had received in their annual quality assurance

questionnaire included, 'They have always dealt with any problems straight away. [Registered manager and deputy manager's name] are very good with speaking with us.' Staff added that it was an 'open environment' and they would have no concerns about approaching management.

Is the service well-led?

Our findings

The service had a registered manager in post who was aware of their responsibilities and ensured the service was well led. There were clear lines of accountability and the registered manager and deputy manager had access to regular support from senior management when needed. Staff we spoke with were complimentary about the management team. They said that they felt well supported and could go to the manager or deputy for support and advice when needed. They added that the management got involved in people's care and were very 'hands on'. Comments from one family member included, "We work together to support [person's name] and communication between ourselves and staff, in particular the home manager, usually by email, or phone, is regular. The enthusiasm and progressive attitude of the home manager in particular, is excellent in our view. This attitude obviously transfers down to staff."

During our visit the deputy manager was seen to be available to both staff and those who lived at the service and would stop when people approached them and was heard speaking with people and giving them the time they needed. Staff spoken with stated they were confident in the registered manager's and deputies ability to listen and follow up on any concerns they may raise. They felt they were kept up to date with information about the service and the people who lived there. Staff received regular handovers and would be required to look at written notes to ensure important information had been passed down to each staff team. Feedback from staff included, "I feel I can speak with people and ask questions and gain support. It is a good team and we work well together" and, "We have a good team. Everyone has their strong parts and weaknesses. We complement each other. We help people when they are doing things well and help them when they need to do things better."

The service had clear aims and objectives and these included dignity, independence and choice. From observations and discussions with staff it was clear that they ensured that the organisation's values were being upheld to ensure continual individualised care for people.

The service had a number of systems in place to show that it aimed to deliver high quality care. Records seen showed that the registered manager and provider carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. Where areas of improvement had been identified in the audits, action had been taken to rectify these. Environmental and equipment checks had been carried out to help ensure people and staff's safety. Monthly audits had also been completed by the manager in line with the company's own policies and procedures. Regular visits had also been completed by the area manager who had audited the service to ensure correct procedures were being followed. Feedback from relatives included, "We have no issues with the quality of care given. There are occasional problems of staffing shortages through illness or people leaving but this has never been a long term issue. We would also add that staff are always very respectful and polite whenever we have occasion to talk to them."

The service had systems in place to gain relatives feedback and where possible people who lived at the service views. Key worker meetings had taken place to help feedback on care and plan for the future. Annual questionnaires are sent out to relatives to gain their views about the service. This had recently been done

and where possible comments have been added to this report. Regular reviews of each person had taken place and provided relatives and health care professionals an opportunity to feedback to the service. Feedback from the services own quality assurance included, 'As parents we feel we have a good relationship with the home manager and staff and communication is very good between us' and, 'There are always some members of staff who give that extra input and this is very helpful and makes a big difference to the progress made by the person supported.'