

# Surrey and Borders Partnership NHS Foundation Trust

## The Shieling

### 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

### About the service

The Shieling is a residential care home providing accommodation and personal care for up to 10 adults. The service is registered to support autistic people, people with learning disabilities, and people with sensory impairment. There were 8 people living at the home at the time of our inspection.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

People's care was provided in a safe, clean, and well-maintained environment. Staff managed risks well to keep people safe. People's medicines were managed safely and staff supported people to access healthcare services when they needed them.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to take part in activities, to access their community, and to maintain relationships with their families.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had the induction, ongoing training and support they needed to carry out their roles. Regular one-to-one supervision provided opportunities for staff to discuss their performance and any further training needs.

### Right care

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed.

People received kind and compassionate care from staff who knew them well. Staff protected and respected people's privacy and dignity. People were supported to be as independent as possible and to develop skills.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

#### Right culture

The registered manager promoted a culture in which staff valued people's individuality and protected their rights. The views of people who lived at the home, their relatives and advocates were sought and listened to. Staff knew people well and were responsive to their needs and wishes. People and those important to them were involved in planning their care.

The provider's governance arrangements were effective in keeping people safe and ensuring the care they received met their individual needs. Staff were well-supported in their roles. Managers and staff had established good working relationships with other professionals to ensure people received well-co-ordinated care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 25 May 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Shieling

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

The Shielsing is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Shielsing is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant events. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what

they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with a person who lived at the home, 5 relatives and 2 advocates to hear their views about the quality of care provided. Some people were unable to tell us about their experience of care due to their communication needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the service manager and the provider's head of social care about how the service was run. We talked to 2 staff about how they provided people's care and the training and support they received.

We checked 2 people's care records, including their needs assessments, risk assessments and support plans, and 2 staff recruitment records. We reviewed health and safety records, accident and incident records, quality checks and audits, and the arrangements for managing medicines.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The service employed enough staff with appropriate skills to meet people's needs and keep them safe. Relatives and advocates told us staff were available when people needed them and our observations confirmed this. A relative said, "There are always plenty of people around; I think the staff to resident ratio is very good." When necessary, the service had access to agency staff vetted and approved by NHS Professionals, an agency owned by the Department of Health and Social Care.
- The provider's recruitment procedures helped ensure only suitable staff were employed. The provider made appropriate pre-employment checks before appointing staff, which included obtaining proof of identity, references, and a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Staff received training on how to recognise and report abuse and knew how to apply it. A member of staff said if they had a concern, "I would report it to the manager here, if they are not involved. If they were, I would take it higher, or I could report to the local authority or CQC."
- If safeguarding concerns had been raised, the provider had investigated these when requested to do so by the local authority and reported their findings in a timely way.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Relatives and advocates were confident staff provided people's care in a safe way. A relative told us, "They always keep [family member's] safety in mind."
- Risk assessments had been carried out to identify any risks to people in areas including falls, skin integrity, choking, and mobility. Where risks were identified, guidance was put in place about how to manage these.
- The activities people took part in were also risk assessed to ensure they were as safe as possible whilst enabling people to pursue their interests. A relative told us that before their family member had visited them for the first time in their new accommodation, staff had visited first to identify any potential risks. The relative said, "The staff visited first to see if there was any risk. They checked everything was safe for [family member]; everything was taken into consideration."
- Any accidents or incidents were recorded along with the actions taken in response. There were systems in place to ensure learning was identified from incidents and shared with staff. For example, a review of an incident identified that a person's sensor mat was not turned on when the person got out of bed. Following the review, checks to ensure the person's sensor mat was activated were included in the shift plan.
- Staff managed the safety of the living environment and equipment in it well through checks and action to

minimise risk. There was a fire risk assessment in place for the home and the fire alarm system and firefighting equipment was checked and serviced regularly. Each person had a personal emergency evacuation plan, which detailed the support they would need in the event of a fire. Staff carried out regular health and safety checks and we saw documentary evidence of gas and electrical safety.

#### Using medicines safely

- People's medicines were managed safely. Staff attended medicines training and their competency was assessed regularly. There were appropriate arrangements for the ordering, storage and disposal of medicines. Medicines were audited regularly and indicated that medicines were managed and administered safely. The medicines administration records we checked were complete and up to date.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles. An advocate told us, "They review everything on a yearly basis, including the medicines. We looked at all the medicines [person] was taking a while ago and he was on a high dose of [antipsychotic medicine]. They have endeavoured to reduce the dosage since then."
- The service ensured people were supported with their medicines in a dignified way. For example, 1 person had previously been prescribed emergency medicine which needed to be administered rectally. The registered manager told us they had asked for this to be reviewed as the procedure would have been extremely challenging and undignified for the person. As the result of the review, the person was prescribed emergency medicine which could be administered orally.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people's friends and families could visit whenever they wished.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had access to the training and support they needed to support people safely and effectively. This included mandatory training and training in areas relevant to the people they supported, such as learning disability, autism, and epilepsy.
- Staff completed the Care Certificate, a nationally recognised set of standards designed to ensure that all support workers have the skills, knowledge and behaviours to provide compassionate, safe and high-quality care.
- All staff had an induction when they started work, which included shadowing colleagues to understand how people's care should be provided. Staff told us the induction process was comprehensive and had prepared them well for their roles. One member of staff said, "I had a week of induction. It was about my role, about the values of the Trust, the policies. After that, I did shadowing to get to know people and their needs."
- Staff met with their line managers for one-to-one supervision, which provided opportunities to discuss their performance, professional development and training needs. Staff told us they found supervision useful, with a member of staff saying, "We have monthly supervision, but we can have one sooner if we need it. We talk about how I am doing, is my training up to date, my key clients, if I have any problems."

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

- People's needs had been assessed before they used the service to ensure it was suitable for them. The support plans developed from these assessments were personalised, holistic and reflected people's individual needs, including their physical and mental health needs.
- Support plans contained clear pathways to achieve people's goals and promoted strategies to enhance independence. Functional assessments had been carried out for people who needed them and staff took the time to understand people's behaviours. Functional assessments examine behaviours and the circumstances in which they occur, and use this information to develop an understanding of why a person demonstrates the behaviour.
- Staff ensured people's families and advocates were involved in care reviews and that their views were listened to. A relative told us, "I am invited to [family member's] annual reviews. It is an opportunity to discuss things while everybody is there. I do believe they listen to what I have got to say. They do their best to make sure I am heard."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to maintain good health. Relatives and advocates told us staff ensured people's

health was monitored effectively. A relative said, "[Family member] sees a dentist and an optician, and he has a yearly review of his health with the GP." An advocate told us, "They provide a good level of care. They make sure [person's] physical and medical needs are met."

- People were encouraged to attend regular health checks and staff had developed health action plans and care passports for people, which contained important information about their needs for any healthcare professionals involved in their care and treatment.
- Staff referred people to professionals when necessary to ensure their mental and physical healthcare needs were met. We saw evidence of referrals to, and input from, dentists, occupational therapists, physiotherapists, neurologists, and the community team for people with learning disabilities. People who had healthcare conditions such as epilepsy had care plans in place outlining the care and support they needed, including protocols for staff to follow if a seizure occurred.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet and were involved in choosing their meals. People's nutrition and hydration needs were discussed at their assessments and, if necessary, recorded in their care plans. One person had an intolerance to certain foods and their diet was planned around this.
- Relatives told us their family members enjoyed the food at the home. They said staff encouraged their family members to make food choices based on healthy eating principles. One relative told us, "They do nice meals there, and they are always changing the menu. [Family member] loves the food." Another relative said, "There is a good variety of food and it is freshly cooked. [Family member] gets a balanced diet; they try and provide food that is as healthy as possible."

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

The Mental Capacity Act 2002 (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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care was provided in line with the MCA. Staff attended training in the MCA and understood how its principles applied in their work. Staff told us they sought people's consent before providing their support on a day-to-day basis, and our observations confirmed this.
- Staff empowered people to make decisions about their care and support wherever possible. Where necessary, assessments had been carried out to establish whether people had capacity to make informed decisions about their care and treatment, such as taking their medicines and having vaccinations. If people lacked capacity to make informed decisions, staff had followed appropriate procedures to ensure decisions were made in people's best interests.
- Applications for DoLS authorisations had been submitted to the supervisory authority where people were subject to restrictions to keep them safe, such as not being able to leave the home unaccompanied and

constant supervision by staff.

Adapting service, design, decoration to meet people's needs

- People's care was provided in a safe, clean, well equipped, and well-maintained environment which met people's sensory and physical needs. Relatives told us the design and layout of the home was suitable for their family members' needs. A relative said, "The environment is right for [family member]; it is spacious and they have done their best to make it as homely as possible."
- All areas of the home were wheelchair accessible. Aids and adaptations had been installed to support people's mobility. Relatives told us the provider had adapted the environment to ensure it continued to meet their family members' changing needs. a relative said, "They have adapted [family member's] room after speaking to the OT [occupational therapist], and they are going to adapt the whole home to keep residents like [family member] safe."
- The communal rooms of the home included 2 lounges, 2 dining rooms, a sensory room and a shared kitchen. People were able to personalise their bedrooms as they wished. Each bedroom had an en suite toilet. The home had a large well-maintained garden, which people used regularly in good weather.
- The home had recently been redecorated and some new furniture purchased. People had been involved in choosing colour scheme, curtains and their bedroom furniture. The registered manager told us plans were in place to refurbish the kitchen, which included installing a height-adjustable worktop to enable people who used wheelchairs to participate in food preparation.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who showed genuine interest in their well-being and quality of life. A relative said of staff, "You could not get any better; they are wonderful people. They love [family member], I know they do."
- Relatives and advocates said staff were kind and caring and attentive to people's needs. a relative told us, "I think the staff do a great job. They are very caring and [family member] is very happy there." An advocate provided an example of the kindness of staff, telling us, "When it was [person's] birthday, one of the staff came round in his own time and took us to the pub for a meal. Then he took us back home and went home himself. That's what the staff are like there."
- Relatives and advocates told us staff created an environment in which people felt relaxed and comfortable. They said people received good care which took account of their individual needs. A relative told us, "[Family member] is very settled there. It meets his needs and I am happy for him that he is there." An advocate said, "I am very pleased with the care [person] receives. He always seems to be happy in himself."
- People received their care from consistent staff, which relatives and advocates said was important. A relative told us, "The staff understand [family member], and he needs a lot of understanding because his needs are complex. It takes a long time to establish a relationship between the individual and the staff caring for them, but they have all worked there a long time and seem to have a rapport with them." An advocate said, "There has not been a significant turnover of staff, so they all know [person] very well."
- Relatives told us staff welcomed the involvement of people's families in the life of the home. One relative said, "They are very inclusive; they like to have the family included." Another relative told us, "They engage with relatives, they make you feel welcome when you walk through the door."
- Staff knew any religious and spiritual needs people had, and supported 1 person to attend church on Sundays.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff valued people as individuals and encouraged them to make choices about their care and their day-to-day lives. A relative told us their family member could not verbalise their choices so staff used visual prompts to enable the person to choose what they wanted.
- Relatives and advocates confirmed staff treated people with respect. A relative said of staff, "They are all very respectful." Staff respected people's right to privacy and to spend time alone if they wished.
- Relatives and advocates told us staff created a homely, inclusive atmosphere. A relative said, "They have tried to make it a nice friendly home where everyone is included." An advocate told us, "It feels like a normal

home. You feel like you are walking into someone's home rather than an institution."

- Staff encouraged people to be independent and involve themselves with the routines of the home. For example, some people took part in food shopping and preparing meals. An advocate told us, "They encourage [person] to get involved; he clears up after meals, they encourage him to do that." A relative said, "[Family member] is quite independent. They involve him in preparing meals."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was personalised and planned to meet their individual needs and wishes. The provider involved people and their families in planning their care, which meant they felt consulted, listened to and valued. One relative told us, "We have an annual review. They see if there are any changes and adapt the care plan accordingly." Another relative said, "They always contact me for the review meetings and my views are taken on board."
- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. People's care and support plans were reviewed and updated as their needs changed.
- People were valued as individuals and treated as equals by staff. Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives and advocates told us staff supported people to take part in activities they enjoyed. A relative said, "There are lots of activities. They have all got their own timetable. They go to town, they go to shows, the theatre, to London. They go out for meals, pub lunches, for coffee." An advocate told us, "They do quite a lot. They go out individually. [Person] goes shopping. He loves going out for a walk and he does several times a day that most days. He loves to go out for a meal and they do that quite often."
- Relatives and advocates said the registered manager and staff were responsive to ideas for new activities. An advocate told us, "I have discussed activities with [registered manager]. She is very much open to suggestions. I go over there and we go out for a walk. They go to cafés and pubs, and they take him shopping. They make his life as fulfilling as possible."
- Staff supported people to maintain contact with their friends and families. Relatives and advocates told us staff organised a summer barbecue and a Christmas party to which they were invited. They said staff organised celebrations for special events, such as people's birthdays. People had been supported to go on holidays, including 1 person who chose to take holidays with their partner.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Relatives told us staff understood their family members' individual means of communication. A relative said, "[Family member] has got no verbal communication, but he can make his needs known and the staff are very good at interpreting what he wants. They offer him choices where they can and where he is able to respond to them."
- Relatives and advocates said staff were committed to supporting people to communicate their needs. A relative told us, "[Family member] does know some basic sign language which they use. They have had advice on how to improve communication with him. There is a woman who has brought in iPads to improve communication; she is very good." An advocate said, "They have been trying new methods of communication; they wanted to enable them to say how they feel, to express themselves."
- Staff had made information available to people in accessible formats. For example, the menu was produced in a pictorial format and easy-read information had been provided for people about the medicines they took. An interactive screen had recently installed, which would be used to help people make choices and understand information.
- The provider's accessible communication and engagement lead had developed strategies to ensure information was accessible to people. For example, the accessible communication and engagement lead had made people's support plans more accessible to them, and considered ways in which people could be more involved in developing them. The accessible communication and engagement lead had also made people's individual activity timetables more accessible to them through the use of symbols.

#### Improving care quality in response to complaints or concerns

- The provider had a procedure which set out how any complaints would be managed. This was made available to people who used the service in ways they could understand. None of people we spoke with had complained, but all said they would feel comfortable raising concerns and were confident these would be dealt with appropriately

#### End of life care and support

- People were given opportunities to express their preferences about end of life care and their families were consulted. A relative told us, "[Registered manager] has asked our opinion about end of life care and what our preferences would be."
- End of life care plans had been developed for people and the registered manager was in the process of updating these as some information, for example about family contacts, had changed.
- The registered manager told us training in end of life care was available to staff and that the service had access to support from end of life care specialists.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Senior managers promoted an open culture in which people who lived at the home, their families and staff were valued and listened to. Relatives and advocates told us the management team were approachable and available if they needed to discuss people's care. An advocate said, "[Registered manager] is very good, she is very approachable. She will always make herself available if I want to talk to her." A relative told us, "They work in a very open manner. I can always go to registered manager, she is very helpful and she will listen to what I have to say, and there are other senior managers I can turn to as well."
- Staff communicated important information about people's needs effectively. There was a plan for each shift and a shift leader. The shift leader's role was to give a handover to staff beginning work, check all tasks on the shift plan were carried out, ensure people attended any planned activities or appointments, and to make sure all prescribed medicines were administered.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- Governance processes were effective and helped keep people safe, protect people's rights and provide good quality care and support. Senior staff had the skills, knowledge and experience to perform their roles and a clear oversight of the services they managed. They understood and demonstrated compliance with regulatory and legislative requirements.
- Key areas of the service were checked and audited regularly, including accidents and incidents, safeguarding and staff training.
- Team meetings took place regularly and were used to ensure staff provided support in a consistent way. A member of staff told us, "We discuss the people we support, if there are any concerns or any changes, and if we need any support in terms of training or how the manager can support us. We can discuss anything."
- Managers and staff worked well with other professionals to ensure people received their care they needed. Referrals were made to professionals where people needed specialist support or input.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.

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



## characteristics

- There was a commitment to involving to listening to people who lived at the home, their families, and acting on their feedback. The provider distributed satisfaction surveys to people's families and advocates each year. A relative told us, "I do believe they listen to what I have got to say; they do their best to ensure I am heard." An advocate said, "They welcome my suggestions."
- Relatives told us staff communicated with them well about any issues affecting their family members. One relative said, "They always keep us up to date with anything we need to know about. We are kept well-informed." Another relative told us, "They keep me in the loop about anything concerning [family member]."
- House meetings took place regularly supported by staff. People were encouraged to make choices about areas including the menu and activities they wished to take part in. Each person had a keyworker, whose role was to work with them to identify goals and aspirations. People met with their keyworkers on a regular basis to review progress towards their goals.
- Staff told us they were well-supported by the management team. They said advice was available to them when they needed it and their managers took an interest in their wellbeing. Staff told us they felt able to speak up if they had suggestions or concerns and said their views were listened to by their managers.