

Healey Care Limited

Ravenswood

Inspection report

Market Street
Whitworth
Rochdale
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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

We carried out an announced inspection of Ravenswood on 14 September 2017. At the last inspection on 15 December 2014, the service was rated Good. At this inspection we found the service remained Good.

Ravenswood provides accommodation and personal support to three people with a learning disability. The service does not provide nursing care. At the time of the inspection there were three people accommodated in the home.

Ravenswood is a detached property set in its own grounds. It is situated off the main road in Whitworth and is within easy reach of Rochdale and surrounding areas. The home is part of a wider service provision which includes a day care facility, respite care and supported living.

The service was managed by a registered manager. 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 living in the home told us they felt safe and staff treated them well. Staff understood their responsibilities to safeguard people from abuse and people's medicines were managed appropriately.

People were supported by sufficient numbers of skilled staff to ensure their care and support was provided flexibly to meet their needs. Safe recruitment procedures were followed to ensure prospective staff were suitable to work in the home; people were involved in the selection of new staff.

Potential risks to people's safety and welfare had been assessed and preventive measures had been put in place where required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

There were appropriate arrangements in place to support people to have a varied and healthy diet. People were supported with their health and had access to health care professionals when needed.

We observed excellent relationships between people and observed staff interacting with people in a caring, good humoured and friendly manner. People were happy and relaxed with staff and we overheard much laughter during our visit. Staff treated people in a respectful and dignified manner and people's privacy was respected.

People had been consulted about their needs and aspirations and had been involved in the development of their support plan. The support plans clearly reflected human rights values such as people's right to privacy, dignity, independence, choice and rights. Support plans and risk assessments were person centred and provided clear guidance for staff on how to meet people's needs and preferences. Care and support was

focused on people's wishes and preferences and people were supported to be independent.

People participated in a wide range of activities which were tailored to the individual. People, families and staff had regular meetings to discuss the operation of the home and were involved in the development of the service.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard of care. People were very complimentary about the service.

The management team were committed to ensuring people received person centred care and to the ongoing improvement of the service.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Ravenswood

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 checked 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 14 September 2017 and was announced. The provider was given notice of our intention to inspect the service because we needed to be sure that the registered manager, staff and people who used the service would be available to speak with us.

The inspection team consisted of one adult social care inspector.

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.

Prior to the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. A notification is information about important events which the service is required to send us by law. We also contacted the local authority commissioning teams to gather their views about the service.

During the inspection we spoke with registered manager, three members of staff and with two people who used the service. We also spoke with two relatives following the inspection.

We looked at two people's care records and other associated documentation, two staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were supported and told us they felt safe. People said, "I always feel safe" and "The staff help keep me safe." Relatives said, "[Family member] is encouraged to do new things but staff make sure he is safe" and "[Family member] was so vulnerable but is now confident, safe and happy." During the inspection we observed positive and friendly interactions between people. We did not observe anything to give us cause for concern about people's safety and wellbeing.

Clear guidance about safeguarding vulnerable adults and how to raise a concern was displayed for staff, visitors and people living in the home. Safeguarding procedures are designed to direct staff on the actions they should take in the event of any allegation or suspicion of abuse. Staff were knowledgeable about safeguarding processes and were confident action would be taken about any concerns raised. All staff spoken with said they would not hesitate to report any concerns. The provider had a whistleblowing (reporting poor practice) policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We saw from the staff training records that all staff had completed safeguarding training and safeguarding procedures were discussed regularly during individual supervision and group meetings. The local authority provided a quarterly newsletter which was used by the service to keep staff up to date with any changes. People living in the home also attended training in safeguarding and hate crime. This helped to increase their awareness of keeping safe.

We found there were appropriate procedures to support staff with handling people's money safely. Financial records were audited on a regular basis. Records showed that discussions had taken place regarding how people wished to spend their money and what they were saving up for.

We looked at how the service managed risks to people's health and well-being. We found individual risks had been assessed and recorded in people's support plans. Management strategies had been drawn up to provide staff with guidance on how to manage any risks in a consistent manner and also to ensure people's independence, rights and choices were respected. Records showed that risk assessments were reviewed and updated on a regular basis to ensure they reflected people's current needs and wishes. One person told us they were independent of staff oversight for some activities. They said, "I let staff know where I am going and ring them to let them know when I have arrived safely. If I forget to ring then they will ring me." We noted risk assessments reflected this guidance for staff. This ensured people were safe whilst encouraging their freedom and independence.

Where people had displayed behaviour which challenged the service, we saw assessments and risk management plans were in place. Staff spoken with were familiar with this information and aware of how to support people. This meant staff had the guidance and support they needed to provide safe care. The registered manager confirmed the staff were not using any restraint techniques at the time of the inspection. One person said, "The staff know when I'm in a mood and what to do. Sometimes I just need to be on my

own until I come round. Staff are okay with that."

A recent meeting had involved people in a discussion about how people's behaviours impacted on others in the home and what were people's good and not so good qualities. The registered manager told us this had helped to increase people's understanding and tolerance of other people's behaviours.

Records were maintained of any accidents or incidents occurring in the service. The registered manager analysed all accident and incident forms in order to identify any patterns or trends and to determine whether there was any action that could be taken to prevent further occurrences.

Environmental risk assessments were available. We saw equipment was safe and had been serviced. Training had been provided to ensure staff had the skills to use equipment safely and keep people safe. People had personal evacuation plans in place in the event of a fire. These assisted the staff team to plan the actions to be taken in an emergency. Staff and people living in the service had been involved in regular fire drills and evacuations. They were involved in discussions to evaluate how well the situation had been managed and whether improvements could be made. The service had a business continuity plan in the event of any emergencies.

We looked at the recruitment and selection process for two members of staff. Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a record of previous employment history, references, their fitness to do the job safely and an enhanced criminal records check. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. People who lived at Ravenswood were involved in the interview and selection process. They told us they were able to meet and spend some time with prospective staff and were asked for their opinions about the suitability of the applicant.

People and staff spoken with told us there were sufficient numbers of staff to meet their needs in a safe and flexible way. Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff which helped to ensure people were looked after by staff who were familiar with their needs. They also said staffing numbers were kept under review and adjusted to respond to people's choices, routines and needs. Staff told us they had a stable team and they worked well with each other. A health care professional described staff as 'helpful'.

We looked at how the service managed people's medicines. A monitored dosage system (MDS) of medicines was in use. This was a storage device designed to simplify the administration of medicines by placing the medicine in separate sleeves according to the time of day. Staff had received training and checks of their practice had been undertaken to ensure they were competent to administer medicines. Policies and procedures were available for them to refer to. There were processes in place for the receipt, ordering, administration and disposal of medicines. The Medication Administration Records (MARs) we looked at were accurate and up to date and regular internal and external audits of medicines management were being carried out.

We looked at the arrangements for keeping the service clean and hygienic. We found all areas were clean and odour free. One person explained the cleaning schedule to us which showed that each person had been allocated responsibilities in accordance with their abilities.

Is the service effective?

Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. They said, "The staff are good" and "I get on with everyone here." A relative commented, "I am over the moon. [Family member] is the best he has ever been. Staff have worked really hard with him." A healthcare professional commented, "I have no concerns, everything was nice. It's a lovely home."

All staff received a range of appropriate training to give them the necessary skills and knowledge to help them support people properly. Regular training included safeguarding, moving and handling, fire safety, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), first aid, health and safety, food safety and infection control. Staff also received training in specialist subjects such as autism, positive behaviour support, epilepsy, breakaway/restrictive techniques, nutrition, respect and dignity. Most of the staff had a recognised qualification in care. The registered manager had systems in place to ensure all staff completed their training in a timely manner. Staff told us the training was beneficial to their role.

People living at Ravenswood told us they had attended training sessions such as safeguarding and fire training; relatives were also invited to attend appropriate training. We were told further training was planned to help them understand how other people's disability presented and how this made them respond to others.

All staff completed induction training when they commenced work with the service. This included an initial induction, training in the organisation's visions and values, the care certificate and mandatory training. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff shadowed experienced staff to become familiar with people and their needs.

Staff received one to one support and supervision and had an annual appraisal of their work performance. This helped highlight any shortfalls in their practice and identified the need for any additional training and support. Staff told us they were well supported by the management team and told us they were able to express their views and opinions at regular meetings. Staff told us handover meetings and communication diaries helped keep them up to date about any changes in people's needs. Staff spoken with had a very good understanding of people's needs and preferences. This meant people received effective care from well supported and well informed 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 make 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 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 on authorisations to deprive a person of their liberty were being met. There were policies and procedures to support staff with the MCA and DoLS and all staff had received training in this subject.

At the time of the inspection one DoLS application had been authorised by the appropriate agency. This was clearly documented in the person's support plan to ensure their best interests and choices were considered. People's support plans identified the support they needed with making safe day to day decisions and the best interest process that had been followed. Staff understood the need to gain consent before carrying out care and support. People told us they were able to make their own choices and decisions and were supported by staff.

We looked at how people were protected from the risk of poor nutrition. People told us they were involved in the weekly menu planning and would go shopping with staff. They told us they enjoyed the meals and said, "I enjoy the meals. Why wouldn't I enjoy them, I get to choose some of the meals. We all make a choice for a day in the week" and "The meals are good; I like takeaways too." We noted the lunch time atmosphere was a social affair with friendly chatter and laughter throughout the meal.

Care records included information about people's nutritional needs and people's weight was checked at regular intervals. Appropriate professional advice and support had been sought when needed. We saw healthy eating had been discussed with people and considered as part of the menu planning and preparation of meals.

We looked at how people were supported with their health. Each person had a detailed health action plan, which provided information about past and current medical conditions as well as records of all healthcare appointments. People were supported to attend all routine screening and healthcare appointments. The registered manager and staff liaised closely with GPs and community professionals to ensure people received a coordinated, prompt and effective service.

A relative expressed a high level of satisfaction in how their family member was supported with their healthcare needs. They told us, "The staff worked so hard and were so supportive when (family member) needed help. Nothing was too much trouble. His health is so much better."

Is the service caring?

Our findings

People told us they were treated with respect and kindness and they were very happy with the staff that supported them. They said, "Staff ask me what I want to do and listen to what I want", "I can do what I want but I always talk to the staff and let them know what my plans are; they talk to me about my plans", "The staff are brilliant", "They respect me and what I say", "They help me to do things that I've not done before. They help me be more confident" and "I like the staff. I like some better than others but they are all okay".

Relatives and friends spoken with were complimentary about the service. Their comments included, "The staff care about people. They have given [family member] confidence in himself; he is happy, confident and in a much better place in himself than he was before" and "[Family member] is an incredibly happy person. He is settled at Ravenswood; it's his home and the staff are his family." One relative commented, "Thanks for all the dedication and care you have given to [family member]." Visitors to the home commented, "What a wonderful caring company" and "We have been very impressed with the care offered by the service and the quality of all the staff we have met."

During our visit we observed excellent relationships between people and observed staff interacting with people in a caring, good humoured and friendly manner. We noted staff were respectful of people's choices and opinions and the atmosphere in the home was comfortable and relaxed. Consistently throughout the inspection visit we overheard lively discussions and much laughter between staff and people living in the home. We saw that people were respected and cared for by staff and treated with kindness. People welcomed any visitors into their home. Visitors were instructed how to sign in, introduced to people, offered refreshments and, where appropriate, involved in discussions.

People told us they had a good relationship with the staff, they told us, "I really get on well with the staff; they know me so well. They understand me and care about me and being safe" and "I especially like [member of staff]; I can talk to the staff anytime." Staff spoke of people in a warm and compassionate manner people and spoke to people in a respectful, confidential and friendly way. One member of staff commented, "I really enjoy my job. It's so rewarding."

From our discussions it was clear that staff promoted people's independence and choices and were very knowledgeable about people's individual needs, backgrounds and personalities. We looked at records and found staff wrote about people in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way which helped staff to understand how they should respect people's privacy and dignity in a care setting. One person said, "The staff treat me properly, as a person."

All staff had been instructed on confidentiality of information and were bound by contractual arrangements to respect this. Where staff and specific visitors had been given permission to access people's support plans, they had to date the record, sign their name and record a reason for doing so. This meant people using the service could be confident their personal information would be kept private and help them understand why people would be looking at their information.

People, or their relatives, were involved in decisions about care and support and their views were always taken into account. Staff told us they were familiar with the content of people's support plans and how best to support them; they considered that the support plans belonged to each individual. Two people showed us their support plans during the inspection; the support plans were available in both easy read and pictures to help people understand the information. People told us they were familiar with the support plan and confirmed they had discussed the plans with staff and had participated in all reviews; this told us people's comments were listened to and respected.

People were involved in discussions about their goals, aspirations and their dreams for the future. There was clear evidence that staff listened to people. For example, one person wanted to learn to cook and get more involved in the meal preparation. Arrangements had been made to enrol the person on a Level 2 Food and Nutrition course and they were being given support to prepare the evening meal on a set day. Another person wanted to improve their writing skills. Staff had provided a wipe clean board in the kitchen to help with this. Another person assisted staff with the monthly vehicle checks. This made people feel valued and useful in the service.

People were consistently consulted about how the service was run and were involved in the development of the service. They were able to express their views on an ongoing basis, during meetings both inside and outside the home, through participation in satisfaction surveys and care reviews and during day to day discussions with staff and management.

House meetings were held to discuss any concerns or issues. We looked at minutes from recent meetings. Discussions had taken place about what was working or not working in the house, what could be improved, what colour the new car should be and a discussion about what they considered the house rules should be. Following the meeting people had helped to develop a poster displaying the 'Golden Rules' that had been decided on. There was clear evidence people were listened to.

People using the service and their family and friends attended the 'Compass Group'. This was a meeting which enabled people to meet and discuss their ideas for improvement of the service and developments that were important to them. People had been involved in a number of workshops to develop policies and procedures and to discuss subjects that affected them such as complaints, money, safeguarding, dignity in care and empowerment. They had been involved in choosing the images and pictures that were used in the service's policies and records.

A recent well-being forum had been held at the day centre for people using the service, their relatives and staff. The forum had included role play, discussion, group work and feedback in relation to 'A safer, fitter, healthier you'. Copies of photographs and material from the day had been made available to each of the houses for people to refer to and to discuss; this showed people's opinions and views about the service were valued. Photographs from the day showed people's enjoyment and positive interactions and that they were very much involved in the day.

People using the service were involved in the recruitment and selection of new staff and attended regular training with staff. This helped to keep them safe and improved their awareness of good and poor practice.

People told us their rights to privacy, dignity and independence were respected. One person said, "We all like to spend time in our bedrooms, usually in the evenings when we watch television. It's good to have time on my own. Staff respect this and knock on my door to check if I'm alright."

Each person had a single, ground floor bedroom with en-suite shower or bathing facilities. Rooms were

fitted with appropriate locks and people had a key to their bedroom if they wished. People were encouraged to choose the décor of their bedroom; one person told us about their plans and colour schemes for the redecoration of their room. A comfortable lounge, kitchen, utility room and dining area were available on the first floor. There was a staff 'sleep in' room which we were told was also used when friends or family wished to stay.

People were given information about what standards to expect from the service in the form of a service user guide. This was set out in an easy read format with pictures to illustrate the main points. Information about local advocacy services was displayed on the notice board. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

Feedback received by the service highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families.

Is the service responsive?

Our findings

People and their relatives told us they were happy with the care and support provided by staff. One person told us, "It's a good service. The staff are very good." A relative said, "The staff team are very friendly and supportive. They facilitate any visits by bringing him to and collecting him from my home."

People spoken with told us they had no complaints but knew who to speak to; they were confident that if they had any concerns, they would be quickly dealt with to their satisfaction. One person said, "I would tell the staff if something was bothering me." Relatives told us they could talk with the registered manager or the staff team at any time and any issues would be dealt with. Relatives told us, "I have no concerns whatsoever", "If I have any issues at all I can ring and speak to someone" and "I have no concerns at all; everything is great. It's a very good service."

There was a complaints procedure available in easy read print and pictures which had been developed by staff and people using the service. The information was clear about how to let others know if they were unhappy with their care or with something in the home. Information in the complaints procedure said, 'You will not get into trouble for making a complaint'. The service monitored any complaints, compliments or concerns and used the information to understand how they could improve or where they were doing well. We saw there had been one recent complaint which had been responded to, discussed with the people concerned and resolved appropriately. There were a number of compliments made about this service.

We were told the staff team worked very closely with people and their families and comments and minor issues were dealt with before they became a concern or complaint. People who used the service and their relatives were encouraged to discuss any concerns during review meetings, during day to day discussions with staff and management and also as part of the annual survey. They had also participated in a 'complaints forum' to help increase their confidence and awareness of making complaints and to develop user friendly policies and procedures.

Before people moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Information had been gathered about all aspects of the person's needs. People were encouraged to visit the home and meet with staff and other people living in the home before making any decision to move in. This allowed people to experience the service and make an informed choice about whether they wished to live in the home. It also ensured appropriate decisions were made about whether the service would be able to meet and respond to the persons' needs.

With permission we looked at two people's support plans and other associated documentation. This information identified people's needs and provided guidance for staff on how to respond to them. The support plans were underpinned by a series of risk assessments and included people's preferences and details about how they wished their support to be delivered. The plans were reviewed regularly and people or their relatives confirmed they were fully involved in their support plan reviews. A variety of methods were used during the reviews including "What's working and What's not working" to enable people to express their views on their service and people had a one page profile which set out what was important to each

person and how they could best be supported.

Staff told us the support plans were useful and they referred to them during the course of their work. They were confident the plans contained accurate and up to date information. Daily records were maintained of how each person had spent their day; these were informative and written in a respectful way. People using the service and their relatives told us they were kept up to date and involved in decisions about care and support.

When people were admitted to hospital they were accompanied by a record containing a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known and taken into account.

From looking at records and from our discussions we found people were able to participate in a broad range of suitable recreational activities in line with their interests and preferences. Each person had agreed a weekly activity plan which included information about their chosen routines and activities.

Activities were tailored to the individual and included shopping, visits to local stables, attending shows and day centres, music, gardening, art and craft, games, music and sauna. The service hired the local swimming pool and a fitness instructor for weekly aqua fit sessions; people were able to attend the sessions, improve their health and socialise with friends from the wider service. One person told us, "I enjoy going to aqua fit. I know people who go there."

Some people were independent of staff and would go shopping, meet with friends and family, go for a meal or attend various clubs and health clinics. One person told us they were looking forward to and they were making plans for their holiday. A relative told us, "{Family member} does something every day and is always out and about. He has a chill day on Sunday and just lounges around the house because that's what he wants to do." People were also involved in employment and volunteer work and also with domestic tasks including cleaning, shopping and assisting with making meals.

The service had developed good links with the local community; people using the service were involved in various fund raising activities and supported local charitable organisations. We were told people were involved in planning a charity car wash to be held the following weekend. We saw people had made scrapbooks and photograph albums to remember important events and the activities they had enjoyed.

People told us they were supported and encouraged to keep in contact with families and friends including attending the weekly social centre 'The Chill Mill'; the centre was run by people using the service with some support from staff. Weekly social evenings were held where people could participate in karaoke, dancing, and various games and competitions. In addition a monthly Saturday Club had been introduced earlier this year where people could meet their friends, watch a film and enjoy lunch. Feedback had been sought from people attending the club; this was very positive.

Is the service well-led?

Our findings

People made positive comments about the management of the service. They included, "The service has a positive reputation across the local adult care sector", "It is a very well run service", "It is a really good service" and "You have a great set of staff. Lovely values in you all."

The registered manager understood her responsibilities in relation to her registration with the Care Quality Commission (CQC). Statutory notifications had been submitted to us in a timely manner. There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team. The registered manager was aware of the new requirements following the implementation of the Care Act 2014, for example the introduction of the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

There were clear lines of responsibility and accountability within the service. The registered manager was supported by the provider and regularly met with registered managers and team leaders from other services in the organisation. The registered manager kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area.

There was a welcoming and open atmosphere at the service. During the inspection visit we observed people reacted cheerfully and enthusiastically to the provider, the registered manager and to the staff team. We were told the registered manager was a visible presence in the service and as such had a good knowledge of the people who used the service and of the staff team. One person said, "[The registered manager] is nice. I can talk to her or have a laugh with her." People told us the registered manager was available to discuss any concerns they may have about the care provided.

The registered manager and the provider were committed to ensuring people received person centred care and to the ongoing improvement of the service. Staff made positive comments about the registered manager and the way she managed the service. They told us, "The manager is totally committed to the service", "We can speak to any of the management team; they are all approachable and available" and "The manager knows people so well and is always supportive whatever the problem or concern."

Staff told us they enjoyed working at the service and had a good team. They said, "I feel valued; they listen. It's a great job" and "It's a good organisation to work for. I enjoy it." All staff were aware of their role and responsibility within the organisation, had access to clear policies and procedures and received regular feedback on their work performance through the supervision and appraisal process. Staff had the opportunity to attend regular meetings to discuss issues relating to the people they were supporting, exchange ideas and develop good practice. One member of staff said, "They listen to us and do what they can."

There were effective systems in place to regularly assess and monitor the quality of the service in areas such as medicines management, record keeping, finances, accidents and incidents, training, health and safety

and the environment. There was evidence these systems identified any shortfalls and that improvements had been made.

People and their families were involved in developing the service and helping to make improvements that were important to them. There were effective systems in place to seek people's views and opinions about the running of the service and regular meetings were held with people. People were able to express their views about the service through annual satisfaction surveys. We noted the results from the 2016 survey were positive and people were happy with the service they received. One person commented, "I am happy where I am." People were also asked their opinion of the staff who supported and cared for them. This enabled the service to monitor people's satisfaction, listen to their views and to make changes as necessary.

The service had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. These demonstrated the registered manager and provider were working to monitor, develop and deliver a high quality service.