Care Quality Commission

Canterbury Oast Trust

Rosemary Cottage

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The service is registered to provide accommodation and personal care to six people who have a learning disability. This may include people who also have a significant physical disability. There were five people living at the service at the time of the inspection. The service is a purpose built property and accommodation is provided on one level. It is set in a rural area on the outskirts of Woodchurch village on Highlands Farm, which is a tourist attraction and where the provider has other registered services located. Each person has a single room and there is a communal bathroom, separate wet room with bath, kitchen, lounge/diner and sensory room. There is an accessible garden with a paved seating area at the back of the bungalow.

Rating at last inspection
At the last inspection, the service was rated Good overall and Outstanding in the 'Caring' domain.

Rating at this inspection
At this inspection, we found the service remained Good and outstanding in the 'Caring' domain. .

Why the service is rated Good

People's care was exceptional: People knew their needs and wishes were understood by staff because they were always met. Staff looked for creative ways to ensure people's needs were met, and ensured obstacles were overcome when possible. People were relaxed in staff's company and staff listened and acted on what they said or gestures and body language. People were consistently treated with dignity and respect and their privacy was respected. Staff were very kind and patient in their approach, but also used good humour. People received care and support from a dedicated team of staff that put people first and were able to spend time with people in a meaningful way. Staff had built up relationships with people and were familiar with their life stories and preferences.

People were protected from abuse, as staff understood how to recognise and report any suspicions of harm or abuse. People received their medicines safely and when they should. Risks were assessed and staff took steps to keep people safe whilst encouraging their independence wherever possible.

People were involved in the planning of their care and support. Care plans contained clear and detailed information about people's wishes and preferences. They showed people's skills in relation to tasks and what support they required from staff, in order that their independence was maintained. People had reviews of their care and support where they and/or their representatives were able to discuss any concerns or aspirations.

People were encouraged and supported to make their own decisions and choices and staff respected these. Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not

having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process.

People were protected by safe recruitment procedures. New staff underwent an induction programme, which included shadowing experienced staff, until staff were competent to work on their own. Staff received training relevant to their role and people's needs. Staff had opportunities for one to one meetings and team meetings, to enable them to carry out their duties effectively. The majority of staff had gained qualifications in health and social care. People had their needs met by sufficient numbers of staff and staff rotas were based on people's needs, activities and health appointments.

People had a varied diet and were involved in planning the menus. Staff supported people's special dietary needs. People had a programme of leisure activities and went out and about, as they wished.

People had complex health needs and were supported to maintain good health and attend appointments and check-ups. Appropriate referrals were made to health professionals as required.

People did not have any concerns, but felt comfortable in raising issues. Their feedback was gained both informally and formally. The registered manager had an open door policy and took action to address any concerns or issues straightaway to help ensure the service ran smoothly.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Outstanding.	**Outstanding**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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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 21 and 22 September 2017and was unannounced. One inspector carried out the inspection as this was a small service, and people had the opportunity to share their views with the inspector over two days.
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 this and other information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.
During the inspection, we reviewed people's records and a variety of documents. These included two people's care plans and risk assessments and other associated care records, one staff recruitment file, staff training, supervision and appraisal records, staff rota information, medicine systems and records, equipment and servicing records and quality assurance records.
We spoke with three people who lived at the service, the registered manager and seven members of staff. We also made observations of interactions between people and staff, to help us understand their experience of living in this service.
After the inspection, we contacted four people's relatives to gain feedback from them about the service. We also received feedback from four health and social care professionals who had had contact with the service, which was very positive.

Good

Is the service safe?

Our findings

People told us they felt safe living at Rosemary Cottage and received their medicines when they should. Relatives felt their family members were safe and medicines were handled safely. One commented, "More than happy with safety, particularly with his mobility problems".

People's medicines were appropriately managed. There was a clear medicines administration procedure in place. Staff had received training in medicines administration and had their competency checked annually. Medicine administration followed a safe practice during the inspection and there was clear guidance, which was followed when staff administered medicines that were prescribed 'when required', such as to manage skin conditions. Staff continued to follow robust systems when handling, storing and returning people's medicines and for when people made overnight visits to their families.

The registered manager had taken relevant action when medicine errors had occurred; this included contacting the person's GP for advice and guidance. The medicine errors had been clearly recorded. Checks and audits had been enhanced as a result of errors to reduce the risk of further occurrences. The dispensing pharmacy had carried out an external audit of the medicines in May 2017. The audit identified one action, which had been addressed.

Risks associated with people's health and welfare had continued to be assessed and procedures kept up to date to ensure people were safe. People were supported using overhead hoists and specialist equipment. To help ensure people were moved consistently and felt safe at the same time, assessments were very detailed and some used pictures and guidance from professionals to enhance them further. Staff had involved health professionals in some mobility assessments and their advice and guidance was followed. For example, the way staff assisted one person to walk and we saw this was happening during the inspection. People were supported to be as independent as possible and risk assessments supported this.

People were protected from abuse and harm and told us they would tell someone if they did not feel safe. Interactions between people and staff continued to be good with both often using good humour, people were relaxed in staffs company. Staff adopted a patient approach and understood people when they were making either their needs known, verbally or by other means, such as facial expressions and gestures. There continued to be a clear safeguarding policy in place and staff had received training in protecting people from abuse and harm. Staff told us they would report any suspicions or allegations of abuse to the registered manager and were able to describe different forms of abuse. The registered manager was familiar with the process to follow if any abuse was suspected; and knew the local Kent and Medway safeguarding protocols.

People continued to have their needs met by sufficient numbers of staff. People and relatives told us there was enough staff on duty. Staffing levels were kept under review and were based on people's needs, activities and health appointments. In addition to the registered manager and assistant managers there were between two and five staff on duty during the day and one member of staff at night and a member of staff slept on the premises at night. Staff responded when people needed them during the inspection and

had time to spend with people. People told us this was always the case. There was an on-call system covered by managers. The service used five of the provider's flexi staff that had been specifically trained to work with people living in Rosemary Cottage.

People still benefited from living in an environment and using equipment that was safe and well maintained. Since the last inspection, further bedrooms had been redecorated and people talked about choosing the colours, new furniture and blinds. The bathroom and shower room had been refurbished. A new assisted bath had been fitted in both rooms, which suited people's needs and enable them to have more choice about when they had a bath. Another person's bedroom had been fitted with an overhead hoist. People had access to specialist equipment that met their needs and was subject to regular checks and servicing as was the premises. However, records showed that there was no check to ensure all staff periodically were involved in the fire drills and this is an area we have identified for improvement.

Good

Is the service effective?

Our findings

People confirmed they liked living at Rosemary Cottage and were happy there. Relatives felt staff were sufficiently trained and experienced to meet people's needs.

Health and social care professionals felt staff had a very good knowledge and understanding of the people they supported. Comments included, "I do feel the service provides a person centred approach to people's needs and tailor support to specific needs". "The team are proactive in referrals to other professionals such as OT, Physio and Speech and Language and follow guidelines set from what I have seen". "Carers asked pertinent questions throughout (training session) putting the client, his needs and wishes at the centre of their thinking. They sought advice from health professionals at the earliest opportunity if clarification or advice was needed". "I was very confident that the home would contact me at the first sign of any changes in client's presentation and they did so regularly". "The staff I have worked with are definitely well trained, and they have had a lot of experience within the care sector".

Care plans contained detailed information about how each person communicated and we saw this was followed during the inspection. Staff told us they continued to use pictures and photographs to enable people to make informed choices, such as who was on duty and when and menu planning.

People's consent was achieved by staff discussing and asking about the care and support they were about to undertake. Staff offered limited choices to not overload the person with information in line with people's care plans.

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 Mental Capacity Act 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager was aware of their responsibilities regarding DoLS and five applications had been submitted to the local authority where people were restricted. When people were assessed as not having the capacity to make a decision, a best interest decision had been made involving the person, people who know the person well and other professionals. For example, regarding one person's future medical treatment.

Staff continued to receive effective training. Staff had a thorough induction programme, which met the Skills for Care Care Certificate induction. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Following this staff received regular refresher training including moving and handling, health and safety, fire safety awareness, emergency first aid, infection control and basic food hygiene. The majority of staff had also obtained a Diploma in Health and Social Care level 2 or above. Diplomas are work based awards that are achieved through assessment and training.

Staff had received training in areas specific to people's needs. This had included autism and Asperger, dementia, loss and bereavement, managing epilepsy and emergency rescue medicine. Health professionals

had also delivered training, such as specialised seating and mobility, special diets, nutrition, dysphagia (difficulty in swallowing) and eating and drinking and individual physiotherapy exercises. The Kent Association for the Blind (KAB) had delivered training as well. Staff were complimentary about the standard of training and said it gave them the confidence to meet people's needs. Some staff had also attended a number of the training courses run by the East Kent Health Authority and attended a pre-workshop for the Gold Star Framework for end of life care run by the local hospice. Staff had received training on percutaneous endoscopic gastrostomy (PEG) (this is a tube that feeds directly into a person's stomach), this was in anticipation of one person needing to have a PEG fitted, once it was fitted further training would be completed.

Staff received one to one meetings with their manager and an annual appraisal where their learning and development was discussed. Regular team meetings were held where staff discussed people's current needs. Staff said they felt very well supported.

People continued to have sufficient to eat and drink. People helped plan their meals and said the food continued to be good and they liked the meals. Staff told us one person still brought home vegetables they had helped to grow to use as part of their meals. Special diets were accommodated, such as high fibre/low fibre. People continued to be protected from the risk of poor nutrition and some people were assisted with their eating and drinking. People used equipment to aid independence such as, beakers with lids and plates with raised edges. Recommendations from health professionals were adopted. For example, changing the timing of a person's meals and switching to a textured/pureed diet. Some people who were at risk of choking had their drinks thickened.

People continued to have on going complex health care needs. Appropriate referrals were made and people attended assessments and check-ups with a wide range of healthcare professionals. People and relatives felt any health concerns were dealt with effectively. Recently people had received input from dieticians, physiotherapist, epilepsy nurse and occupational therapist. Any appointments were detailed clearly including outcomes and recommendations to ensure all staff were kept up to date. Staff told us how one person's health had deteriorated and they were working closely with health professionals to monitor this, which had resulted in them not having to have any hospital visits. Some people had a daily programme of physiotherapy exercises and although they did not always like doing them staff always encouraged them.

Outstanding ☆

Is the service caring?

Our findings

During the inspection, we saw that staff continued to listen to people and act on what they said. People confirmed this was always the case; they liked all the staff and felt they were kind and caring. Relatives felt staff were caring and their comments about staff were entirely complimentary. One said, "Never any doubt of that (staff being caring). They seem to treat (family member) like they would their own son".

People benefited from a staff team that were highly motivated, determined and creative in overcoming obstacles to enable people to achieve quality of life. Since the last inspection, people's health had deteriorated and one person was now only able to have a pureed diet and others now required other textures of food. This could have restricted people from going out for meals, but staff showed continued innovation in this area and had researched local eateries. They had telephoned, had discussions, and at times visited prior to taking people to check facilities. They had found a local pub where the cook was trained in nutrition and textured diets and they were able to go there and have food from the menu pureed safely, which was thoroughly enjoyed by the person. Staff had found another place that had a menu, which suited a different textured diet, and other places had been researched to see if they had microwave facilities so a meal could be taken with them and heated safely. Staff had also showed an appreciation of the person's individual needs around privacy and dignity, thinking and looking at discreet seating options at eateries, as one person required feeding, but was still able to enjoy the company of friends when they went out.

People and staff felt the care and support provided was person centred and individual to each person. Since the last inspection, staff told us how they had tried the texture of different foods pureed so they understood what it was like for the person on a pureed diet and told the inspector some food did taste different. They had showed continued commitment in trying various blenders and liquidisers and eventually purchased a particular type that did not leave husks or skins, which might cause choking. Staff determination to get the best possible outcomes for people and go that extra mile paid off. Since the last inspection, they worked in great partnership with health professionals. They had gained exceptional knowledge about how one person swallowed and how many times it took them to swallow a teaspoon of food. As a result, they had introduced a feeding regime of one teaspoon of food and then a teaspoon of thickened water to ensure the person was safe. Staff were also very aware of silent aspirations (build-up of saliva in the throat), which may lead to a chest infection, so were very careful to ensure the person was sitting in the right position when eating or drinking. This very person centred culture adopted by staff had resulted in the person staying clear of infections.

One person had recently been recommended a soft diet and staff knew how this person loved garlic bread. To overcome this obstacle they had purchased different types and tried them to see if they were soft enough when cooked for the person to eat safely. They were able to find one type, which was suitable, so the person could still enjoy this, but remained safe whilst eating.

Health and social care professional's comments about staff were all very positive. One health professional

had written to the registered manager stating, "It has been such a pleasure to work with you and the team, your commitment to (person's) care is exceptional". Another health professional had commented, "Highly impressed with care that (person) is receiving". Another said, "At Rosemary Cottage, residents are treated very much as individuals. Meetings are confidential and involve the client as far as possible". "Carers demonstrated care and respect for the clients during every appointment. Carers obviously enjoyed spending time with the residents and had a good understanding of each person". "I have observed staff on several occasions being caring towards residents". "The work they have done to maintain some of the resident's mobility as long as they have demonstrates how much they follow through with the programmes we have provided". "I have always enjoyed visiting Rosemary Cottage, the staff have always been welcoming and the general "feel" of the home is warm and friendly. The service users always look clean, well presented and well cared for. The staff all have an attitude of doing everything they can for the service users, and often advocate for their clients".

During the inspection, staff took the time to listen and interact with people so that they received the individual support they needed. People were relaxed in the company of the staff, smiling and communicating happily using either verbal communication or noises and gestures. Different approaches were used to suit people's personalities, at times there was plenty of laughter and other times staff sat with people and spoke quietly, conversations were always inclusive of people. Staff talked about people in a caring and meaningful way, had time to spend with people, and were alert and responded quickly when a person needed help so they did not have to wait.

People were able to make choices about their care and support. Staff talked about and demonstrated during the inspection that they were respectful and encouraged people to always make their own choices and decisions. For example, what they wanted to eat, how they wanted to spend their afternoon, did they want their bath first or to have a rest and then have their bath later.
People confirmed that they were able to get up and go to bed as they wished. People were able to choose where they spent their time and freely accessed all areas of the bungalow as they choose. For example, one person spent time between their room, the dining room and lounge and another chose to return to their bedroom after lunch. There continued to be several areas where people were able to spend their time, such as the garden, sensory room, lounge/diner or their own room. People had their bedrooms decorated as they choose and rooms were personalised reflecting people's interests. Two people talked about their bedrooms, which had been recently decorated and how they had chosen the new colours and some new furniture. One person went shopping with staff during the inspection to choose their new blinds and came back excitedly talking about what they had chosen. Another person was supported by staff to access the iPad and look at shelves they might want to get when out shopping as they had said they wanted some for their room. Artwork and crafts people had made or contributed to were on display around their home.

People's care plans continued to contain details of people who were important to them, such as family members and friends. In addition, dates of friends and family birthdays that people wanted to send a card or present to were recorded and records confirmed people were supported to do this.

Some people had lived together for a long time and had developed close friendships. During the inspection, one person caringly explained to another, who did not have verbal communication, whilst they were finishing their lunch about their plans for the afternoon and what was happening next. People's family and friends were able to visit at any time. Staff had built up close relationships with people's families. People continued to be encouraged and supported to keep good contact with family and friends. For example, one person used the speakerphone to speak with their relatives in the privacy of their bedroom. However, since the last inspection because their health had deteriorated, staff initiated the idea of sending an email with information about what had been going on recently in the person's life to the relative. This was just prior to

the telephone call to enable continued meaningful interactions between the person and their family.

Staff spoke about and treated people respectfully. One staff member supported a person to the dining table. Their approach was patient going at the individuals pace and talking quietly, but clearly about what they wanted the person to do, to ensure this happened safely, although encouraging as much independence as possible. People had individual care records, which were stored securely. Care plans were written in a way that ensured people's privacy and dignity. For example, being left on the toilet if this was a person's choice. Small things were paid attention to in care plan and practice. For example, one care plan stated how a person preferred their urine bottle warmed under the tap before use. In the last quality assurance survey people, said staff and other people gave them privacy when they wanted it. Relatives told us that people's privacy and dignity was always respected.

The service continued to demonstrate a strong person centred culture and really supported and encouraged people to express their views. For example, people who were able were encouraged to speak to the doctor themselves when they attended the surgery. During the inspection, one person asked staff to help them when speaking with the inspector and staff listened to what they were saying and facilitated with patience and without taking over the conversation. Many of the staff team were long standing team members with many working years for the provider, enabling continuity and a consistent approach by staff to support people. Staff were very knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in, and ensure that there were good and meaningful interactions during people's support time.

Staff recognised and resolved small things, such as to make sure a person was more comfortable when sitting at the dining room table staff had a non-slip small step made by the provider's estates department that would fit around their chair whilst they were sitting at the dining table eating or doing craftwork.

Since the last inspection, some people's health was declining and staff were very astute, noticed, and paid attention to small things that might mean there was a concern or change. They were so knowledgeable and attuned to people's routines and behaviours that they could tell by slight changes that there was a problem. Staff had worked to establish what some people's individual real 'normal' temperatures were and care plans clearly detail what signs a person might show if they were unwell. This enabled staff to notice things quickly and react quickly by taking a person's temperature and monitor more closely and take further action if required to keep the person healthy.

People continued to have their independence encouraged wherever possible. What people could do for themselves however little was recorded in their care plan. For example, that a person could lift their arms up during personal care. Observations showed that staff continually encouraged people's independence during the inspection. For example, walking with a person instead of using their wheelchair and assisting a person to eat independently. People and staff told us people were involved in the preparation of some vegetables and dusting and how one person was able to hoover during their house day. People continued to benefit from staff's on going assessment and the replacement of their wheelchairs enabling them to get around the bungalow as they wished and take part in household chores. This included people being able to get around the farm and woods to join in activities. Relatives and health and social care professionals felt staff "very much" maintained people's independence skills.

Staff told us at the time of the inspection that it continued to be the case that most people who needed support were supported by their families or their care manager, and no one had needed to access any advocacy services. Information about advocates, self-advocacy groups and how to contact an advocate remained displayed within the service, should people need it.

Good

Is the service responsive?

Our findings

People continue to be very happy with their care and support. People talked about their review meetings and said they were able to discuss things they wanted to do and any concerns they may have. Relatives confirmed they continue to attend review meetings and they felt their family member and they continued to be listened to. Following the review meeting people, their relatives and care manager were asked to complete a quality assurance survey and give comments on the services provided. Surveys continued to contain very positive comments and responses.

A person had moved into Rosemary Cottage since the last inspection. The registered manager visited the person twice and had spent a whole day with the person at their current placement carrying out a pre-admission assessment. They also obtained information and assessments from professionals involved in the person's care, to ensure that up to date information was available in order to make a judgement about meeting their needs. The person was then able to visit twice with relatives to 'test drive' the service by spending time, such as for a meal or overnight stay, getting to know people and staff. Care plans were then developed from discussions with people, observations and the assessments.

Care plans continued to contain information about people's wishes and preferences, which they had been involved in developing. Care plans contained details of people's preferred routines, such as a detailed account to supporting the person with their personal care in the morning. This included information about what people could do independently and what help they needed from staff. Care plans reflected the care and support people received during the inspection. Staff were very familiar with people and their care and support needs. They were able to tell us about people's individual preferred routines and their current care and support needs in detail and how people received their care and support in line with these.

People had a programme of activities in place, which they talked about and obviously enjoyed. Activities included horticulture, the farm, reflexology, computers, music, art and crafts and Zumba. One person used one of the provider's powered wheelchairs with better stability in order to be able to access the farm. Recent outings had included visiting Alpacas, shopping trips, Dymchurch for coffee, cinema, bowling, Mama Mia, Rock around the clock, art exhibition, Lydd club day, disco and the library. One person talked enthusiastically about a recent family holiday at Centre Parcs. People's spiritual needs were met; one person was supported to attend church in the village and if they did not want to attend, they always watched Songs of Praise on a Sunday evening.

People told us they did not have any concerns or complaints and would speak to staff if they were unhappy. The registered manager and senior staff were visible within the service so people were able to speak with them. People felt staff would sort out any problems they had. Other people would display behaviours that may include staff using a process of elimination to resolve what was wrong. There had been no complaints since the last inspection. There was an easy read complaints procedure using symbols and pictures displayed so people would be able to understand the process. The registered manager told us that any concerns or complaints would be taken seriously and used to learn and improve the service.

People had opportunities to provide feedback about the service provided. People had review meetings where they and their representatives could give feedback about the care and support and the service provided. Some people had regular one to one talk time with their keyworker and discussions around meals and menus. Surveys were given out to relatives and professionals and those returned were positive about the service provided.

Good

Is the service well-led?

Our findings

The registered manager had worked for the provider for a number of years; they were supported by two assistant managers. People talked positively, were very familiar with both the registered manager and assistant managers, felt they were always available, and could speak to them when they liked. The management team and staff were very people focussed and adopted an open and positive approach.

Health and social care professionals told us they thought the service was well led and well organised and the registered manager was open and approachable. One commented, "(The registered manager) has a very in depth knowledge concerning health needs and subtle changes in behaviour of my client and I feel she does lead the staff team well". "Communication has been good". "Rapport with this team was open and honest. I found (the registered manager) and her team to be proactive, insightful and thoughtful in their care". "When I leave a message with a member of staff this is communicated to all staff in an honest and open way". "I think (the registered manager) is a very proactive home manager and knows her service/staff/residents very well. (The registered manager) does not isolate herself to her office; she is very much a presence in the service".

Relative felt the service was well led. Their comments included, "Extremely. (The registered manager) is very communicative and professional. Most of the previous managers have been very good, in different ways. Team leaders are also very, very good". "We, and (family member), are extremely happy with Rosemary Cottage and COT".

Audits were undertaken to check the quality of the service and to highlight where it could be improved. Audits included checks on medicines, temperatures, such as water, food and fridge freezers. Medicine, health and safety and infection control audits continued to be undertaken, to make sure people remained safe. The registered manager reported other information to senior management, which was monitored. For example, incidents. Following a number of reported medicine incidents two senior managers visited the service and checked the investigations and actions to ensure all necessary action had been taken to keep people safe. The provider continues to contract with Kent Social Services and their commissioning team had last visited the service in September 2016 and found no shortfalls.

Senior managers and trustees continued to visit the service to also check on the quality of care people received. People and staff talked about these visits and said the visitors made time to speak with them and listen to their opinions. One senior manager undertook regular quality monitoring visits as part of the registered manager's supervision. The registered manager attended regular managers meetings, these meetings were used to keep managers abreast with changing legislation and guidance, to monitor the provider's services and drive improvements.

The provider organised group meetings where the business and future of the trust was discussed. Each service including Rosemary Cottage was able to send a representative to the meetings, which was a person that used the service. People had the opportunity in the meeting to talk about things that were happening within the trust. For example, people had been involved in discussions about a new building that was

planned. People could access the provider's website to see what had been discussed. People were also involved in staff interviews during recruitment coming up with their own questions for prospective employees. During our inspection, the atmosphere within the service was inclusive, open and honest. Staff facilitated discussions with people, the inspector and themselves and planned their work in line with people's preferred routines.

The provider continued to produce a regular newsletter, an 'in-touch' magazine to keep people and staff informed about news and events that were happening within the trust. This was produced bimonthly in paper copy and online for more effective communication.

People, their relatives and social workers all completed quality assurance questionnaires to give feedback about the services provided. Responses had all been positive.

The provider's vision, mission and values were displayed in the service. A communication meeting was held twice each year, which was attended by staff, the chief executive and senior management and the vision, mission and values were always discussed. During the inspection it was apparent staff had adopted these and followed them through into their practice.

Staff said they understood their role and responsibilities and felt they were very well supported. They had regular team meetings where they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. Staff also used a daily handover to keep up to date.

The provider's policies and procedures were kept up to date and available to staff both on line and from a file in the office. Minutes of meeting were kept so everyone would be kept up to date and all records were held securely. Care plans and risk assessments continued to be reviewed regularly and kept up to date.