

Aims Care Limited

# Swallowfields Care Centre

## 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

Swallowfields Care Centre is a residential care home providing accommodation and personal care for up to 9 people with a learning disability, such as autism. At the time of our inspection 9 people were living at the service.

The service was working towards the principles and values that underpin Registering the Right Support and other best practice guidance. This was to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

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.

People told us they liked living at Swallowfields Care Centre and staff treated them with kindness. People had the support required to enable them to make their own decisions and learn skills new to them. We saw that risks had been appropriately identified and planned for with individual risk assessments in place for people. People's medicines were managed safely.

People said they felt safe living at the service. Relatives we spoke to stated they felt their relative was safe and happy living at the service. People had input into food choices and people told us they enjoyed the food provided. People had access to a variety of activities provided both within the home or externally in the community. People's voice was accounted for when booking activities or trips away from the home and this done through regular resident meetings.

People could access healthcare professional involvement when needed and where people had accidents and incidents staff responded to these to help reduce reoccurrence. People were supported by staff who had access to training, were competent in their role and worked well together as a team.

People had person-centred care plans which contained specific details for each person in terms of diagnosis, likes, dislikes, hobbies and medicines. People had the appropriate care planned around their individual needs,

Staff said they were happy working at Swallowfields Care Centre. Staff displayed a caring attitude towards the people they were supporting. Staff had developed close bonds with people and had provided consistent care and support. There was enough staff to safely support people and staff had been recruited safely.

The registered manager was fully aware of their responsibilities and kept staff motivated to ensure good retention of staff. They engaged with people and knew all their specific needs. There was a calm and happy atmosphere within the home produced by the shared caring ethos amongst management and staff.

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 and update

The last rating for this service was Good (report published 04 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Swallowfields Care Centre

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Swallowfields Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider had not been asked to complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We reviewed notifications and safeguarding concerns we had received from the service. Services are required to send these through to CQC as part of their requirements of registration.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager and the deputy manager. We spoke with two relatives who had been at the home on the day of inspection.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment, supervision and appraisal. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek additional information from the registered manager with regards to additional supporting evidence. This included residents and staff meeting minutes, relative feedback forms and people's feedback forms. We also spoke with three relatives by telephone.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Swallowfields Care Centre. One person said, "I like living here." Another person said, "yes, I am safe."
- Relatives told us they felt their loved ones were safe. One relative said, "I never worry about her. She's happy, content and in a family environment where they can manage her needs. Nothing is too much trouble for them."
- Staff were aware of their responsibility in relation to reporting concerns. Staff had received training in safeguarding and could refer to the safeguarding policy. A staff member said, "If anything is wrong we will always report to the manager or person in charge. If it's not actioned, we would phone direct to safeguarding and take the person to the GP if we need to."
- Incidents of potential abuse had been reported appropriately to both the local authority and CQC and the registered manager had worked with the authorities to investigate these.

Assessing risk, safety monitoring and management

- Risks to people had been identified and staff were aware they had a duty to keep people safe from avoidable harm. One person required support with their behaviours. This person had clear guidance around positive behaviour support which detailed to staff how to spot triggers and how to react in the best way to mitigate any risk. A staff member told us, "We need to look at reducing the risk such as identifying when behaviours are escalating and knowing the triggers, so we can divert them early and reduce the risk of any incidents."
- There was a business continuity plan in place. This confirmed what action should be taken in the event of an emergency, such as alternative emergency accommodation, the loss of utilities such as water or gas, and failure of IT equipment.
- People had individual personal evacuation plans in place in the event of a fire and regular fire drills and evacuations were carried out to help ensure people and staff would know how to respond in the event of an emergency.

Staffing and recruitment

- There were enough staff throughout the service to meet people's needs. We observed that staff were always available to support people in a timely way. A relative told us, "The consistency of the staff here is so important, and they project a family image. We've known them for years and we can just pop in."
- Staff were recruited safely. This meant people were supported by staff who were of good character and suitable to work with people living in the home. Checks were done on applicants before they were offered employment. These checks included checks with the Disclosure and Barring Service (DBS). The DBS inform potential employers of any previous convictions or cautions a person has.

- Staff told us that they felt they had enough time to spend with people. This included being able to go out with them and be flexible around people's needs and wishes around what they wanted to do.

#### Using medicines safely

- Medicine administration records (MAR) were fully completed and provided staff with descriptions of the medicines people were taking. This helped ensure people received the correct medicines at the correct time. There were protocols in place for as and when medicines (PRN).
- Medicines were observed being administered. Time had been taken to explain what the medicines were for, and people were offered a drink with them. Staff observed discreetly to ensure people had taken their medicines before moving away.
- The provider had set up a link with the local pharmacy. The pharmacy supplied additional training to staff on an annual basis to develop staff skills.
- The registered manager and deputy manager regularly observed staff practice and checked medicine records to ensure staff were able to give people their medicines safely.

#### Preventing and controlling infection

- People lived in an environment that was clean. Regular cleaning took place and there was a check list for staff to follow to help ensure all areas were regularly cleaned.
- Staff were aware of the need to follow good infection control processes. A staff member told us, "We always have equipment in the COSHH (control of substances hazardous to health) cupboard which is kept locked, we have aprons and gloves, we have the red, blue and yellow mops and cloths for different things."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager. Where people had regular accidents, involvement from health care professionals were sought. One person who had a high number of incidents had been identified to be most at risk in the morning. As a result, staff were able to be with them at the identified times to offer additional encouragement or support and this resulted in a reduction of incidents.
- The registered manager and deputy manager had implemented changes where a need had been identified. One person who had incidents around their mobility had a monthly update in place. This was to monitor and report on progress made, and identify any required equipment such as grab rails, or a wheelchair and as a result these items had been provided. This also included medications for this person being reduced due to the effects on mobility.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before they started using the service to ensure these could be met. The registered manager had carried out a thorough pre-assessment for people. No one had joined the service since our last inspection.
- Information from assessments was used to devise care plans to ensure staff had the knowledge, skills and understanding to meet each identified need. For example one person with Parkinson's had clear and detailed guidance for staff around the condition and personal ways in which this person preferred to be supported based on their assessed needs.
- The provider respected and promoted inclusion and diversity. This ensured protected characteristics under the Equality Act 2010 were considered.

Staff support: induction, training, skills and experience

- Staff were up to date with their mandatory training. A staff member told us, "I'm well supported by the management and by my colleague. They are always keen for staff to progress and take more training. I get lots of advice and support from the registered manager"
- Staff had completed training in areas relevant to people's individual needs such as autism, learning disabilities and safeguarding to provide the care they required safely.
- Staff received regular supervisions. A member of staff said, "I have regular supervisions and I am able to discuss everything I need, I always feel supported."
- We observed that staff were competent and confident when providing care. Staff had good knowledge, and this was displayed in the way they supported people and their individual needs.

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

- People had access to food of their choice and they were involved in deciding what meals were on the menu each day. One person told us, "I like the food." Another person said, "The foods alright here."
- A staff member told us, "We have a planning session on a Monday. Everyone gets together, and we go through the options that people want to have included on the menu."
- We saw that people enjoyed meals and drinks at times of their choosing and that there were always snacks and drinks available.
- Where people were at risk of malnutrition staff monitored this and involved health care professionals when necessary. We noted one person had lost weight and staff had sought guidance from the SaLT (Speech and Language Team) and from the GP.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Relatives spoke positively about the service. One relative told us, "They keep us up to date. [My relative] has been really poorly a couple of times and it's down to the staff here when she recovers so well." Another relative said, "They always let me know what is happening and I know they will talk to me about any issue."
- People were cared for by staff who worked well together as a team. It was evident during our inspection that staff were competent and ensured through regular conversation between each other that people's needs were being met.
- People had a health action plan which gave detailed information about their diagnosis and needs. People had access to health services including GPs, dentist, opticians and speech and language therapists. People's plans also looked through each person's specific concerns such as hallucinations, bulimia, sexuality and women's health.
- The registered manager had established a link with the local dental practice. People had appointments with the dentist as and when they needed them. The dental practice also supplied someone to visit the home and conduct training with staff around oral healthcare. Staff then developed the training and delivered it to residents in an appropriate way to increase education around oral healthcare.

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

- The decoration and adaptations in the home helped meet people's needs and promote their independence. For example, people were very involved in choosing the colours to decorate the home, chose the pictures and colours for the communal areas and were involved in commenting on the maintenance and decoration.
- People's rooms were personalised and filled with items important to them. For example, one person had pictures of their family on the wall. Another person who had a strong interest in football had a football poster on the wall.
- The building was suitable for the needs of the people. We observed people could come and go freely around the house as they pleased.
- People had their needs met with changes to the design and decoration of their rooms. Two people had changes made to their rooms to assist with specific health conditions. This was done in consultation with people and families and as a result people's quality of life had improved.
- The registered manager recognised the building will need to change as the people get older to ensure it remains suitable and accessible for them. The home had been undergoing refurbishment works in order to maintain the living conditions for people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care was provided in line with the MCA. Staff supported people in the least restrictive way possible and any restrictions involved in people's care had been legally authorised.
- Staff received training on the MCA and understood how this applied in their work. Staff told us they always sought people's consent before providing their support and our observations confirmed this. A staff member told us, "We always give choices, with personal care, meal planning, what clothes they want to wear, where they want to visit, who they want to be with. We always try our best for people."
- People's capacity was assessed around specific decisions and best interest discussions were in place with regards to people's needs and on-going care. For example, one person lacked capacity to consent to treatment and to live at Swallowfields Care Centre. For each decision a separate capacity assessment was carried out and a best interests decision made involving healthcare professionals and family where appropriate.
- Where required DoLS applications had been submitted to the local authority. At the time of the inspection, there were current DoLS authorisations in place for the people who were being deprived of their liberty. The registered manager ensured any conditions were met and the arrangements were regularly monitored and reviewed.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us staff were caring and they were treated with kindness. One person told us, "I like the staff, they look after us." And, "I like [staff member]. He's a nice man, he has good manners and he looks after us."
- Relatives told us they were happy with the way staff treated their loved ones. A relative told us, "they [staff] are always so polite. I have no doubts at all they do everything they can to make [my relatives] life better." Another relative told us, "I am always impressed. People living here are always happy and the staff treat them like a best friend or family member, it's lovely to see."
- There was a good atmosphere at the service throughout the inspection. We observed staff constantly engaging people in a kind and sensitive manner. People were laughing with staff and it was clear people felt at ease living in the home. We observed a staff member say to a female resident, "You look very nice today." The person responded with a big smile and replied, "Thank you."
- Staff members had a positive ethos across the home and knew people well. From speaking to staff, it was clear how much people meant to them and how staff wanted to improve people's lives. A staff member told us, "I have worked here for many years and I see it as my first home. My family know that. We always work as a team. We have known all the clients for a long time and know them all very well." Another staff member told us, "I love my job. If you see them improve its fulfilling."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in day to day decisions around their care. People had choice in when they got up and what they wanted to do during the day. The registered manager told us, "People decide how their day is going to be. I want them to feel like they can express whatever they need. We are a team here and a family."
- People were involved in planning their own care as much as possible. They attended regular meetings to discuss their care and ongoing needs. Where people needed support to make decisions, families were fully involved. A relative told us, "I am always talking to [staff member] or [the registered manager] about [my relatives] ongoing care and support. They always ask what [my relative] thinks before any changes are made."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and maintained their dignity. We observed staff offered people choices and respected their decisions. We observed staff knocking on people's doors before entering and asking people if they would like any support or care. A staff member told us, "We will always knock on the door. Most of them can do their personal care themselves so we will give them privacy and just give prompts. We wait for them to ask us to do the things they can't rather than us taking over."

- People were supported to retain their independence. People were included in the cleaning of the home by completing individual tasks. People were also encouraged to prepare and make meals themselves. A staff member told us, "It depends on the person. Some of them will like to help with cooking, some like to do things with activities independently, they do their laundry in the morning and engage in helping to clean their room. They all do different tasks to make sure they're involved in their home."
- People who held an interest in religion or attending church had been supported to do so. One person who had a strong interest in religion had been supported to attend the weekly church service.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 support plans were person-centred and individualised. They contained information about people's likes and dislikes, life histories, interests and needs. One person sat down with us on the day of inspection and took us through their care plan. This person was clearly happy to show us their care plan and whilst smiling they pointed at photos of their family which were in the plan which made it personalised.
- We saw the care and support people received reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported which included what was important to them. This included people's individual preferences, health and welfare issues and the things they found important to them. A staff member told us, "We have known people for a long time and we know what things they like and dislike. If things change for them then this would be recorded in their care plans which we support them to develop with their input."
- People's individual needs were responded to. One person had been losing weight and with staff involvement following guidance from the dietician this person had managed to gain and maintain a healthy weight. Another person required additional support to minimise any anxiety or panic attacks. Staff used music therapy with this person to calm them when they noticed the person might be feeling low or down. This increased this person's trust in staff and enabled them to relax in periods where they may have been feeling anxious. A relative told us, "The staff have always been so supportive and responsive. Staff have been spending extra time with [my relative] and taking her out more and she's been fine. It means I don't feel guilty because I know she's happy."

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.

- Care plans contained guidance for staff about how to meet people's communication needs. Care plans detailed how each person liked to communicate such as verbal or non-verbal. Each person had a section called 'How I communicate with you' and this described the ways in which people wanted to be communicated with.
- Staff communicated with people in a way they understood. For example, one person had a communication book which enabled them to point to pictures of what they would like, such as water, tea and coffee. The service provided people with accessible information in an easy to read format.

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

- People were supported and encouraged to access a range of activities of their choosing. People took part in sewing, singing, cinema, lunches out and other activities which they chose to do. A staff member told us, "We create a timetable and structure their day but change this depending on people's mood. I talk to them about what they like doing before we do the timetable. I also observe what people enjoy."
- People had been supported to develop their own personal skills and take part in activities or events outside of the home. One person who previously did not want to leave the home had been supported to build confidence which resulted them attending a local college. This person showed us pictures of them at college and whilst doing so they were smiling broadly. A relative told us, "What staff have done with [my relative] is fantastic. They manage her condition so very well which enables them to be able to get out and experience things they just couldn't face before."
- People and families had special events planned for them to take part in. People had birthdays celebrated in the home and entertainers had been brought in to perform for people. Recently the home held a Christmas party where people and families had been able to take part. The registered manager had ensured that people had Christmas gifts bought for them which were personalised to them. A relative told us, "We've just been congratulating staff on the Christmas party at the weekend. They always do such a good job. They have singers and entertainment. We come every year and it's always fantastic."
- People were encouraged to maintain relationships important to them. One person had been supported to write to a pen friend. As a result, the relationship grew and now they are visited by their pen friend and their family have also met them.
- People had the choice to attend a local club. People attended the club where they could take part in events or activities and to also meet other people and form new friendships.

Improving care quality in response to complaints or concerns

- No new complaints had been received since the last inspection. The provider had a system for recording and handling complaints. A relative told us, "I would be fine if there was a need to make a complaint. [My relatives] health and happiness is the most important thing to everyone."

End of life care and support

- At the time of this inspection no one was receiving end of life care. However, all care plans were being updated to support people if this occurred. One person who did have an end of life plan had details around their wishes, what would be important to them and family they would want to be told alongside the funeral arrangements. The registered manager told us new end of life plans were going to be updated for every person.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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;

- Relatives told us the registered manager was friendly and approachable. One relative told us, "[the registered manager] has been here for a long time and they know all the people so well. I often see them talking to people and being kind towards people. It feels like a family home." Another relative told us, "We've never had a problem with anything we've come to them about. It's a really comfortable feeling having her here."
- Staff told us they felt supported in their roles and felt listened to by the registered manager. A staff member told us, "I am always involved in anything by management. We try to always work as a team and help each other. We all work to give people respect, not just for the money. We always try to induct staff so they work in that way." Another staff member told us, "we have very supportive managers here. They are always out on the floor supporting us and getting involved with the residents."
- The registered manager and deputy manager had introduced new incentives to reflect what people wanted. A tree of values had been introduced and people were asked to pick words that were important to them, what they wanted to achieve and how they wanted to be treated. Some of the words chosen had been dignity, eye contact, privacy and respect. The registered manager said, "It was going to be a sticker but everyone said they wanted a real tree so we went in to the woods to collect a trunk and decorated their own one."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service was led by an experienced management team who staff described as very approachable. Staff were clear about their responsibilities and the leadership structure. A staff member told us, "I have regular supervisions which I feel are constructive and if there is anything that I need to discuss with them I feel I can talk to them as they are open and willing to listen."
- The registered manager understood their responsibility to be open and honest when things had gone wrong. Families had been informed and updated of any incidents and staff were included in implementing change and taking the service forward. A relative told us, "They always keep me updated. If [my relative] has been unwell or seen the doctor, then they would let me know and keep me updated."
- The registered manager demonstrated a good understanding of their regulatory responsibilities and kept their knowledge of legislation and best practice up to date. For example, the latest CQC inspection rating was available on the provider's website. This is a legal requirement to inform the public about our



inspection findings and ratings awarded.

- The management team completed a range of quality checks to continually monitor, evaluate and improve the service provided. These included checks for care plans, infection control and medications.
- Regular checks around the service were carried out to ensure people lived in a safe environment. This included electrical testing, Legionella water checks, fire equipment safety checks and a general health and safety check.

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

- Staff told us they felt involved in the running of the service. A staff member said, "I raised with the manager about new staff receiving some more support with writing people's notes to ensure that every bit of detail is recorded." The registered manager took this on board and ensured that any new staff were trained to record notes to the required detail to keep consistency across the service.
- People had the opportunity to meet regularly to put forward their suggestions for food choices, outings or raise any concerns. The meetings covered a wide number of topics and it was clear that people had given their individual input and had been listened to. Outings that had been asked for had been booked and people had made suggestions about the decorations for Christmas which had been listened to.
- People had been provided with an opportunity to give their feedback on how they were supported and if they were happy living in the home. The feedback form was in an easy read format with pictures to reflect people's response options. For example, a happy or sad emoji to reflect how they felt. All the responses from people stated they were happy living in the home and felt well supported by staff.
- Relatives had been able to give additional input about the service. The provider had sent out feedback forms to ask how families felt about the home and support provided. From the feedback seen the comments were positive and feedback was good. A comment stated, "I thank you all for caring for [person's name] and enabling him to visit me and family."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they felt that people were continuously involved in the running of the service. They said by engaging people and including them in any changes or developments it helps to maintain the service. We saw from records and from speaking to people and relatives that people were involved in the running of the service.
- Staff had developed effective working relationships with professionals involved in people's care, such as GPs, wheelchair services and speech and language therapists. The registered manager told us, "We continually link in with healthcare professionals to ensure people have the most up to date diagnosis keeping in line with the progression within the healthcare sector."
- People and staff regularly worked alongside other organisations such as the learning disabilities team and the Advocate service.
- The registered manager looked to develop more links with the community. People had recently taken part in Mental Health week in Epsom which looked at education incorporated with activities to take part in. People had also started to take part in community events around Autism and raising awareness through participation.
- Throughout our inspection the registered manager was open and honest. They welcomed our inspection and feedback which they said would be used to improve the service further.
- The registered manager worked closely with Surrey Care Association which included additional training and a chance to meet other managers to discuss and share ideas. The registered manager had also started to establish links with the Parkinson's association which would look to benefit the people living at the home with Parkinson's.

