

Blythson Limited

Blythson Limited - 5 Ashley Avenue

Inspection report

5 Ashley Avenue
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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

Blythson Limited - 5 Ashley Avenue is a residential care home registered to provide accommodation and personal care for up to three people. There were three people living at the service at the time of this inspection. People had a range of learning disabilities and they all required support with their personal care.

The service is in a quiet road, close to local shops and the sea. The service comprised of large living and dining areas, a kitchen, three bedrooms, several bathrooms and accommodation for sleep night staff.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures 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.

The building design fitted into the residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People felt safe and at the service. People were treated with dignity and respect and their lifestyle and equality needs and choices were understood and respected. The deputy manager told us, "We know each person very well and are clear about the support they want". People told us they were happy with the support they received. People had privacy when they wanted it.

People were protected from the risks of harm and abuse and any concerns they or staff had, were listened to and acted on. Risks had been assessed with people and family members acting on their behalf. People were supported to remain independent and as safe as possible in ways that had been agreed.

Staff supported people to remain healthy. People enjoyed a balanced diet which met their needs and were supported to lead active lives. People's medicines were managed safely. People were protected from the risk of infection.

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 had planned their care with staff and were supported to maintain their routines. They were supported to take part in a range of activities they enjoyed. People had been offered the opportunity to

share their end of life preferences and these had been documented.

The provider and registered manager had oversight of the service. They completed regular checks on the quality of care people received. People, staff and relatives were asked for their views about the service. These were listened to and acted on to improve the service.

The registered manager understood their legal responsibilities and had shared information with us and others when they needed to.

There were enough staff to support people when needed. Staff had the skills required to care for the people and were supported by the management team. Staff were recruited safely.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures 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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 31 January 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.

Blythson Limited - 5 Ashley Avenue

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Blythson Limited - 5 Ashley Avenue is a 'care home' is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with CQC. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on leave at the time of the inspection. The inspection was supported by the deputy manager and the service provider's deputy director.

Notice of inspection

The inspection was announced. This is because Blythson Limited - 5 Ashley Avenue is a small busy service and we wanted to make sure people and staff would be there.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke with two people about their experience of the care provided. We spoke with five members of staff. This included the deputy director, the deputy manager and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

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.

Assessing risk, safety monitoring and management; preventing and controlling infection

- The deputy manager and staff were knowledgeable about people's needs. This was important to understanding the risks people's conditions could pose and the support they needed. Each person had a range of individual risk assessments for their environment, healthcare and social support needs.
- Staff were aware of the risk assessments and knew the support people needed. Care plans explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met consistently. For example, where a person may experience epileptic seizures at night, a bed monitor was in place. This enabled staff to safely and discreetly monitor the person without having to continually look in on them.
- The registered manager and key staff reviewed levels of behaviour, which could challenge people and others, together with risks and strategies to manage them. Records showed a continued reduction in behaviour that could challenge. Staff attributed this to managing people's expectations well and providing consistent support.
- Staff received infection control training and used personal protective equipment, such as gloves and aprons, when required. People were supported where possible to complete household tasks, such as cleaning, washing up, tidying their bedrooms and doing their laundry.

Using medicines safely

- People received their medicines when they needed them. Records of medicines given were complete and processes to order and dispose of medicines were well managed. All medicines were regularly audited to identify any errors.
- People's use of medicines was reviewed annually, or when their needs changed, to ensure they were still required and appropriate.
- Medicine records were completed accurately. When people were prescribed medicines on an 'as and when' needed basis, such as for pain relief, there was guidance for staff about when to give the medicine, how often and what to do if the medicine was not effective. When people needed special creams to help keep their skin healthy there was guidance for staff to make sure it was applied correctly. This included a body map showing where the creams should be applied.
- When medicine instructions were hand written, the instruction had been signed by two staff, to confirm it was correct. Staff had received training to administer medicines and their competency was checked regularly to make sure they were following best practice.

Systems and processes to safeguard people from abuse

- People were protected from the risk of abuse. The deputy manager and staff understood their responsibilities to keep people safe from abuse and had received appropriate training.

- The registered manager had developed a professional working relationship with the local authority safeguarding lead and, when needed, sought their guidance in reporting and dealing with matters.
- Staff were aware of how to recognise and report any concerns they may have. Staff were confident, if needed, the management team would act properly and promptly to address and report any safeguarding matters.
- Staff knew about whistleblowing, where they could find the policy guidance and when to contact the local safeguarding authority. Whistleblowing is the disclosure by a person, usually an employee to those in authority, of mismanagement or wrongdoing.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. We saw staff supported people when needed and responded to them quickly. People indicated there were always enough staff.
- Staff told us there were enough staff to meet people's needs. Staffing was based upon people's one to one support hours and shift patterns enabled people to attend the activities they wanted to.
- Existing staff covered holidays and sickness to ensure people were supported by staff who knew them; agency staff were not used.
- Staff recruitment continued to follow safe practice, including ensuring each staff member had a disclosure and barring service check (DBS) in place. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and trends.
- All accidents were reviewed by the registered manager. They looked at how the accident happened, if there was a pattern, whether medical advice was sought or needed and the least restrictive way to reduce the risk of it happening again.
- Staff recorded and reviewed near misses to enable learning from them. For example, an audit of medicines, subject to specific controls, showed the amount held in stock was different to the recorded amount. This was investigated and identified as a clerical error. However, when checks took place, two staff now count medicines, rather than one member of staff counting and a second member of staff witnessing.
- Policies about dealing with incidents and accidents continued to be effective, records showed there was a low rate of incidents and accidents.

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

- The registered manager continued to undertake assessments of new people prior to them moving into the service. This helped ensure identified needs could be met by the service. Information about people wanting to live at the service was gathered from a range of sources. These included, people's relatives, existing placement staff and health and social care professionals. This helped the registered manager to be fully aware of people's needs and inform admission decisions.
- Assessment processes took account of people's physical, mental and social care needs. Any special lifestyle choices people may follow and how they could be supported. This enabled people to continue to live the life they chose.
- Transition arrangements were thorough and took place over an extended time period. Where possible, people spent time in the service before they moved in. This was undertaken at a pace to best suit the person.
- The needs of everyone in the service were routinely reassessed and reviewed to take account of any changes. People were involved in this in ways they understood, this informed staff and made sure each person was receiving the right support for their needs.

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

- People's healthcare needs were well managed. Staff knew people's care needs exceptionally well and were able to quickly recognise changes in people's condition either by specific communication needs or by observations. People were reminded and supported to attend health reviews, routine and specialist health appointments. Where people had visited or stayed in hospital, staff accompanied them with communication passports. These helped to ensure people's needs and other important information was understood.
- Care records documented that people were supported by a range of healthcare professionals, such as GPs, physiotherapists, psychologists, speech and language therapist (SALT), occupational therapists and specialists for specific health conditions. This helped to ensure people were supported to live as healthy lives as possible. People were supported to maintain their oral hygiene. Staff had received training to support people which was based around CQC and NICE for improving oral health for adults in care homes. NICE are National Institute for Health and Care Excellence.
- Records were maintained of when people saw health professionals and the outcome of these visits. This provided assurance that people's health and wellbeing was appropriately monitored and supported. We asked people if they felt their health needs were met, people responded positively telling us they were. The

service was trialling an electronic care recording system. The registered manager explained the system allowed remote access to care notes and events, such as, handovers and incident alerts, which could be made straight away to all the staff team. They felt this would free up more time to spend with people at the service.

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

- People were involved in planning, purchasing food for their own meals with staff support. Some people prepared snacks and drinks with hand on hand support from staff. For example, buttering bread, stirring cakes and making hot drinks.
- When people had a very limited diet staff worked with dieticians to ensure they stayed well. Staff encouraged people to try new foods and were patient and consistent in their approach.
- People were encouraged to stay hydrated and to have plenty of drinks.

Staff support: induction, training, skills and experience

- Staff told us they were well supported by the registered manager, they felt valued and able to approach them about any concerns they may have. Staff spoken with commented positively about both the registered manager and provider. Their comments included, "The management is very open, from registered manager to the directors, you can always pop in for guidance or advice."
- Staff received training appropriate to their role. Staff received a mixture of face to face and computer-based training. This was delivered by internal and external trainers. Topics included MAPA (Management of Actual or Potential Aggression) which is a non-aversive approach, accredited by the British Institute for Learning Disabilities, safeguarding as well as training for particular needs such as epilepsy, mouthcare and mental health.
- New staff received an induction. This included basic training topics and working with more experienced staff to learn people's choices and preferences. Before staff worked by themselves, their competencies were checked, and they were given feedback on their progress. New staff also completed the Care Certificate, which is a set of standards staff should adhere to in their working practice. Established staff were encouraged to undertake vocational training at diploma levels.
- The registered manager belonged to several networking groups to promote best practice. They were undertaking training in a role to work in partnership with other organisations to contribute to the development of best practice and good leadership. The provider staff kept up to date with new research and development and staff were trained to follow best practice.

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

- The service had been adapted to meet people's needs. There were a range of communal areas where people could spend time. One person enjoyed all things to do with transport, their bedroom window overlooked the road. This enabled them to watch the traffic and the person had chosen that bedroom for that reason.
- When we looked around the home, some people were happy to show us their bedrooms. They were decorated as they wanted them, well-furnished and filled with belongings that were important to them. Some people used notice boards and now and next boards to remind them of their plans for the day. Now and next boards are a pictorial or written reminder about what people are doing and when.
- People and their relatives had been involved in choosing the decoration of the service and each of their bedrooms were personalised. All decoration considered people's sensory needs. For example, one person had pictures printed on tin on their bedroom wall. They liked to tap the pictures, listen to the noise this made and feel the vibration of the metal.

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.

- When appropriate applications had been made for DoLS authorisations. The registered manager had a record of when these were due for renewal and made applications at the appropriate time.
- Staff understood the importance of giving people choice in their daily lives. We heard people being offered choices of what they wanted to eat or drink and how they spent their time. When people were unable to express a choice verbally, they were shown pictures or items they could point to. People were encouraged to make decisions for themselves where possible.
- When people had been assessed as not being able to make a decision, the decision was made in their best interest. For example, this process occurred to allow a person to move into the service. The decision-making process included people who knew the person well such as staff, relatives and health professionals. People's previous choices and preferences were considered when decisions were made.

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 Outstanding. At this inspection this key question is now rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People, relatives and visiting professionals were positive about the care and support staff delivered. A relative commented in a survey, "The level of care has been exemplary and exceeded expectations." A social care professional commented, "Ashley Avenue is a home that I would not hesitate to recommend, one of the best in my experience. The service is extremely well led by RM who is compassionate aspirational and responsive and excellent in her care towards the people who live there and how she manages the staff and supports the team."
- People told us staff treated them well, were kind and caring when they spoke with them and supported them. People interacted enthusiastically with staff and without hesitation.
- The registered manager and staff were aware of the need to ensure people's diversity was actively considered. Staff told us how this was considered when people were assessed to live at the service, and how they continued to consider people's individual needs and protected characteristics, for example disability, race or gender.
- Staff were positive and encouraging when they interacted with people. Communication was kind and fun; there was mutual laughing and joking throughout the day. People were confident and happy in their interactions with staff. One member of staff commented, "We are 110% service user focussed, that's our mindset."
- Care records contained information about people's background and preferences. Staff were knowledgeable about these and were able to tell us about people, their support needs, likes and dislikes without needing to refer to care plans.
- Staff helped people to keep in touch with their family. They facilitated new friendships and maintained existing friendships. For example, staff organised social and community-based events, some people were taking part in a conservation project, one person sang with a choir and went to church.
- One person had recently moved away from the service, due to their changing needs. Staff worked hard with the new service provider to ensure the best transition possible. This included preparing their new bedroom to mirror their previous environment, providing a familiar member of staff to sit with them for the first week in their new home and providing as much information about the person as possible. This included a photo album showing how active the person had been. Staff and people visited them at their new home and maintained frequent contact.

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

- People, where possible, were asked for their opinions about all aspects of their care and how they felt. This took place through one to one sessions with staff and feedback surveys, formatted in ways people

would best understand. Staff were observant of people and watched how they responded to social interactions. This helped staff understand how people felt when they were not otherwise able to express this.

- Staff thoroughly understood people's needs and preferences. This included how people preferred to communicate, what individual hand gestures, phrases and words meant, especially when literal meanings meant something else.
- People's support was focused on their needs, goals and aspirations. Key worker meetings reviewed how people felt about these together with their health, independence and life choices. This provided up to date insight into people's views and enabled care to be planned individually for each person.
- Information about advocacy services was available. Advocates help people to access information or services and be involved in decisions about their lives and promote people's rights.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated commitment to the people they supported and were passionate about giving them good quality care. They respected people's privacy and supported their personal care needs discreetly to maintain their dignity. Some people needed help, such as prompting by staff to use the toilet. This had enabled them to increase their self-confidence by maintaining their continence.
- People were encouraged to learn skills to support greater independence, for example, cooking or doing their own laundry. Some people received support in other life skills. For example, another person had learnt to eat with cutlery. Their dexterity had improved, they no longer needed to use a plate guard to stop food from being pushed from their plate. They now enjoyed going to the local carvery and recently enjoyed going out for a Christmas lunch.
- People were supported to take positive risks to develop their independence and interests. Where people needed support with some goals, they were broken into steps. This made the elements easily recognisable to people and they received support from staff at each step to reach the goal. For example, one person had been afraid of water but now enjoyed kayaking. Another person had built up confidence to go horse riding, having initially been too worried to look at a horse. This also increased people's social circles and friendships.
- People were encouraged to increase their day to day living skills, vocabulary and communication skills. Staff used a number of methods including pictures, now and next boards and survey forms printed in an easy read format. This enabled people to broaden their vocabulary, improving their ability to express themselves in the service and in social settings.

Is the service responsive?

Our findings

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

Good: 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; 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

- Care plans were individual. They contained personal information about people, such as important people in their lives, where they had lived and worked, as well as their interests and hobbies. There was guidance for staff about what made people happy as well as things that might make them sad or anxious and how staff might recognise this and how to support them.
- People and family members or friends were involved in developing and reviewing care plans. This provided an opportunity to gain information about people, particularly if a person had difficulty remembering or expressing their wishes.
- Staff told us they had worked hard with people to increase the activities they took part in. This had involved drawing up action plans setting out how people would work toward a new activity. Some people had been on holiday, travelled on public transport including trains, busses and ferries, they visited family often and took part in community activities. People met with staff to plan upcoming activities. Activity planners reminded some people what they had talked about and when activities would happen. These were re-visited daily and alternatives offered if people wanted to do something else.
- Activities were supported by staff. People could join group or have one to one activity. People were happy with activities which had included staying in a holiday cottage, swimming, kayaking, trips to the theatre and zoo. Some people were involved in a local conservation project, went to the church services and also helped tend to the church grounds. Another person had received a certificate having attended a cooking club.
- Some activities had benefited people's physical and mental health. For example, one person had a compromised posture. However, horse riding had helped to improve their posture and they no longer walked with a stoop. Other people enjoyed log splitting, they found it satisfying and structured because it had a visible beginning, middle and end result.
- A musician visited the service. One person enjoyed touching the musical instruments as the musician played; they enjoyed feeling the vibration of the music. Other people enjoyed massages from a visiting masseuse. Some people enjoyed spending time in the local community, going out for meals and coffee with friends and family. Staff supported some people to keep in touch with family and friends using video calls. People had developed friendships through their activities and were very much a part of the local community.

Meeting people's communication needs; improving care quality in response to complaints or concerns

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.

- People's care plans were in clear print and many forms contained easy read or pictorial prompts. Staff were aware of people's communication needs and spoke with them patiently, where needed, using short sentence structures and pictorial prompts that people would best understand.
- The complaints process was displayed and included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service, such as the Care Quality Commission and the Local Government Ombudsman.
- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. Staff told us how they would recognise if a person was unhappy and how they would support them to make a complaint.
- The service had not received any formal complaints since we last inspected. There were however thank you cards, letters and emails from people's families and visiting professionals acknowledging the care and support provided.

End of life care and support

- The service was not supporting anyone at the end of their life. Staff had spoken with some people and their relatives about end of life plans and, where people had agreed, written plans were in place.
- Staff had received training about end of life care and were able to give examples of other healthcare professionals they may need to consult with, such as specialist nurses, hospice services. and GPs for anticipatory medicines.

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.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was an effective quality system in place to identify any shortfalls in the quality of the service.
- Accidents and incidents were clearly recorded and received oversight from the provider and registered manager. Risks were assessed and documented, they were reviewed by the registered manager and measures taken to reduce the risk occurrence.
- The registered manager had informed the Care Quality Commission (CQC) of significant events that happen within the service, as required.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on the providers website, where a rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. The rating was clearly displayed within the service and on the providers website.

Provider plans and promotes person-centred, high quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- There was an open and transparent culture within the service. People and staff told us they could contact the management team at any time and felt supported.
- A charter of support set out the values and behaviours expected from staff. These were discussed with staff during supervisions to ensure they were fully demonstrated by staff.
- Staff felt the culture at the service was transparent and open. People indicated and feedback the service had obtained from relatives showed us they thought the service was well led.
- The provider frequently visited the service. They knew people by name, were aware of their support needs and were instrumental in sourcing and delivering the support required.
- Staff discussed people's support at handover each morning and were kept informed of any changes.

Engaging and involving people who use the service, the public and staff

- The service had developed pictorial questionnaires to help enable people to express their views. Staff met with people on a regular basis to ask their opinion on the quality of the service and any suggestions they may have. Most suggestions centred around activities and menu planning; people were happy that these reflected their choices and wishes.
- Addition surveys gained the views of stakeholders, people's families and staff. The provider had analysed survey results for the previous year. The results were positive and any suggestions made had been put in place.

- Staff attended regular meetings to discuss their practice, keep up to date and make suggestions.

Continuous learning and improving care; working in partnership with others

- The management team attended in-house and external local forums with other registered managers to keep up to date with any changes and continue to develop best practice. This included courses provided by Skills for Care, a strategic body for workforce development in adult social care in England.
- Staff were kept updated by the provider and registered manager about changes in policy and procedure that impacted on their delivery of care and support. Attention was paid to information and guidance produced by organisations that promote improvements in care and staff practice such as the National Institute for clinical excellence (NICE) Skills for Care, and the CQC website for providers.
- The registered manager used external training resources where necessary to help expand their knowledge and skills as well as that of the staff. This included utilising local CCG training courses and use of the internet for research and training purposes.
- The registered manager and provider had worked extensively with health and social care professionals such as the local authority community learning disability nurses and mental health services.