

Jiva Healthcare Limited

Lavender House

Inspection report

17 Walsingham Road
Hove
East Sussex
BN3 4FE

Tel: 01273729851

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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?	Requires Improvement ●

Summary of findings

Overall summary

Lavender House is a care home that provides care and support for up to 18 people living with past and present mental health needs. The service did not cater for people with high physical dependency but did support people with some additional health needs including diabetes and physical disabilities including sight loss.

At the last inspection, the service was rated Good. At this unannounced inspection we found the service remained Good. This inspection took place on 30 October 2017 and 17 people were living in the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Systems for effective management had not been fully established in all areas. Management systems that included quality monitoring did not always ensure safe and best practice was established and followed. For example, the care documentation did not reflect the care and support required in all areas. Audits were not established to identify risks in all areas for example, to respond and minimise the risks associated with infection control. The service's policies and procedures were not all comprehensive, up to date or embedded into practice to support best practice. For example, recruitment practice did not follow a robust and effective procedure. These areas were identified as requiring improvement.

People were looked after by staff who were genuinely empathetic and understood people's individual needs well. Staff had a very caring and professional approach and supported people to maintain their independence and psychological welfare. People's dignity was protected and staff were respectful. All feedback received from people and visiting professionals was very positive about the care, the atmosphere in the service, and the approach of the staff. Visiting professionals held the registered manager and staff in high regard, praising their commitment to supporting people in a facilitating way.

People's medicines were stored, administered and disposed of safely by staff that were suitably trained. People were protected from the risk of abuse because staff knew how to recognise and report any safeguarding concern. Staff were trained on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had an understanding of DoLS and what may constitute a deprivation of liberty and knew the correct procedures to follow in order to protect people's rights.

Staff were provided with a training programme which supported them to meet people's needs. Staff felt well supported able to talk to any of the management team including the provider. On call arrangements ensured suitable management cover. Staff were motivated and worked well together and were able to undertake professional development as they wished. Staff were listened to and valued with their views taken into account when planning care and developing the service.

People were supported to be involved in a variety of activities this included one to one time with staff, shopping and socialising. Staff recognised the importance of family and friends and worked hard to re-establish and maintain important contacts with these. People had enough to eat and drink and their nutritional needs were well assessed and monitored when needed. People enjoyed a range of nutritious food and drink throughout the day and were able to help themselves to drinks and snacks.

Staff related to people as individuals and took an interest in what was important to them. They took time to establish effective communication with people. In this way they ensured they worked with people to maintain and improve their health and to promote their independence. People's choices and preferences were explored and integral to the care and support provided.

There was an open culture in the service the registered manager listened to the views of people and staff. Both the registered and manager and provider were visible and approachable taking time to talk and respond to people's and staff feedback. Staff enjoyed working at the home and felt very supported. Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis and satisfaction surveys had been completed. People were given information on how to make a complaint and said they were comfortable to raise a concern or give feedback.

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 safe.

Medicines were stored appropriately and practice followed ensured people received their prescribed medicines in a safe way.

Recruitment practices ensured all the required checks on staff had been completed before they worked unsupervised. There were enough staff to meet people's care and support needs.

The registered manager and provider promoted people's personal safety. Staff undertook safeguarding training and understood the importance of reporting any concerns of possible abuse or harm to people.

Good 

Is the service effective?

The service remains Good.

Staff worked closely with health and social care professionals to maintain people's health.

Staff were suitably trained and supported to deliver care in a way that responded to people's physical and mental health needs.

Staff had received essential training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and staff to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

People were encouraged to be independent with cooking and to eat healthily. Food and drink was available to people throughout the day.

Good 

Is the service caring?

The service remains Good.

People were supported by staff who were kind and caring and had a suitable personality to look after people. Staff treated people as individuals and respected their dignity and right to

Good 

privacy and to be individual.

Staff knew people well and supported them to maintain important relationships and to make choices.

Is the service responsive?

Good ●

The service remains Good.

People received care which was personalised to reflect their individual needs and wishes. Staff supported people to do what they chose to do with an emphasis on promoting independence. People received care and support that was responsive to their needs and staff knew them well.

People were supported to participate in meaningful activities and support was provided to encourage people's inclusion in the community.

People were aware of how to make a complaint and were comfortable to raise any concern with staff.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality monitoring systems were not well established to identify all areas for improvement and monitoring, which included care records. Systems that included ensuring the service's policies and procedures were appropriate, followed and embedded into everyday practice were not in place.

People spoke positively of the management and leadership of the service.

The culture in the home was open and relaxed. The provider, registered manager and staff were committed to running a mental health service of quality that met people's individual needs.

People and staff were consulted about the service and information gained was used to improve the service.

Lavender House

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 30 October 2017 and was unannounced. This was undertaken by two inspectors.

Before our inspection we reviewed the information we held about the service. We considered information which included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. 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.

Before the inspection we spoke with the local authority who commissioned care for people living in the service. During the inspection we were able to talk with five people who use the service and four staff members, including the registered manager. We also spoke with a visiting social care professional and met with provider. After the inspection we contacted three further health and social care professionals for their feedback on the service.

We spent time observing staff providing support to people in the home and garden area.

We reviewed a variety of documents which included four people's care plans and associated risk and individual need assessments. This included 'pathway tracking' two people living at the service. This is when we looked at people's care documentation in depth and related this to observations and discussions with staff. This allows us to capture information about a sample of people receiving care.

We looked at four staff recruitment files, and records of staff training and supervision. We viewed medicine records, policies and procedures, systems for recording complaints, accidents and incidents and quality assurance records.

Is the service safe?

Our findings

People felt relaxed and safe living at Lavender House. They looked upon the service as their own home and were happy in the company of staff. People told us they happy and content to live at Lavender House and had no worries. One person said "I am well looked after and as happy as I can be." Visiting health professionals were very positive about the standard of care and support provided and were keen to provide this feedback in support of the service. They told us the staff worked with them and people in a collaborative way to ensure the best outcomes and safety of people. Staff responded flexibly to people's needs and assessed and responded to individual risks.

Since the last inspection the supplying pharmacist has been changed. New systems have been established along with a staff training programme to support these changes. Medicines continued to be managed safely. People received their medicines when they needed them. Staff gave medicines on an individual basis and completed the medicines administration records (MAR) chart once the medicine had been administered safely. Medicines were stored safely within a locked office area. People were supported to look after their own medicines whenever possible to maintain their own independence. For example, one person gave their own injections, staff monitored these to ensure this persons safety. People were prescribed 'as required' (PRN) medicines and there were protocols for their use. Medicines were only administered by staff who had received training on the safe handling of medicines and training schedules confirmed this. Staff told us they only administered medicines once trained and assessed as competent to do so.

Staff recruitment records showed the required checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the service. These checks included confirmation of identity references and a disclosure and barring check (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. The recruitment process was co-ordinated by the registered manager who used the interview process to assess the applicant's personality and how they got on with people and vice-versa. In this way he and the deputy manager assured themselves staff had the correct approach to work with people.

Since the last inspection the staffing levels had been reviewed and increased in consultation with people who used the service. This provided extra time for one to one interaction and therapeutic support with people. There were enough staff to support people in a relaxed way. Staff told us there were enough staff and they were able to respond to people as they wanted in a safe way. There was one staff member working at night with on call staff available to respond to emergency situations.

The local fire and rescue service had recently completed a safety check on the service. The registered manager confirmed this included a review of safety for people at night in the event of a fire. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. Fire precautions and equipment was reviewed and monitored within the health and safety procedures.

The environment was assessed for safety on a regular basis and any maintenance issues were identified and

responded to. The registered manager confirmed identified areas were responded to in a timely manner by the maintenance team. The environmental risk assessments included a review of the hot radiators that were assessed as not posing a risk to people living in the service.

People's risks were well managed to keep them safe and help retain their independence and a level of wellbeing. Each person had a risk assessment and recovery support plan. This supported staff to work with people keeping them safe whilst allowing them to take appropriate risks. For example, when working with people who experience anxiety. One person when experiencing heightened anxiety responded positively to individual reassurance with a calm approach. Staff worked closely with people to understand behaviours which may challenge and what may trigger those behaviours. Staff and visiting professionals talked about how close relationships and an understanding of people ensured the reduction of risks presented by these.

The registered manager and staff recognised the importance of safeguarding people. Staff received training on safeguarding adults and understood clearly their individual responsibilities. Staff were confident that senior staff would act quickly to any possible safeguarding concern and take appropriate action to address and safeguard people. A flow chart to guide staff on the referral procedures was available in the office. There were procedures in place to safeguard people's money and belongings within the service. Where some people were unable to manage their own finances, the service supported them to manage in a way that was personalised to them. For example, one person had their money paid into an individual account held by the provider. The provider supported them to have a weekly allowance. People's finances were audited by the registered manager on a monthly basis to ensure monies were handled safely.

Is the service effective?

Our findings

People felt staff understood them and supported them appropriately. One person told us they were having problems with their family and staff were helping them and being supportive and helpful. People told us they appreciated the freedoms at Lavender House they told us they did not feel restricted. One person said, "I can go and come as I want." People thought they were well looked after with all their health care needs responded to. Visiting professionals told us the staff were skilled in responding to people's needs in an individual and proactive way.

Staff understood their roles and responsibilities and had the skills, knowledge and experience to support people living at Lavender House. New staff completed an induction programme which included a competency assessment to ensure they were confident and skilled to complete their allocated role. One new staff member told us, "The induction was very good, I worked alongside senior staff, shadowing to start with. I will not be doing any medicines until I have completed the training and completed a competency assessment with the deputy manager."

The roles and responsibilities of staff had been reviewed and a clear structure had been established within the care workers team. Senior staff had been given additional responsibilities and key working had been established. This enabled staff to provide more individualised care. These changes had been supported with the recruitment of senior staff with additional skills and further training for staff including person centred care, risk assessment, objective report writing, working with challenging behaviour, autism and mental health awareness. This training was in addition to essential training that was undertaken by staff routinely which included training on fire, health and safety and food hygiene. All staff were expected to complete a diploma in health and social care and the registered manager and provider were sourcing a new training company to provide this.

There was a training schedule in place that ensured staff undertook identified essential training. This included e-learning and external courses provided by the local authority. Essential training was varied and covered key skills that staff required, including mental health awareness, managing conflict and behaviour that challenged others. Staff were encouraged and supported to complete essential training and to develop their skills and knowledge through additional courses and training. For example, one staff member did not speak English as their first language and the registered manager had recognised they needed further support to enable effective learning. Another staff member told us, "I am regularly offered extra training and development opportunities."

Staff received regular supervision and an annual appraisal. These were used in a positive way to monitor and improve staff performance and provide structured staff development. Staff appreciated the opportunity to discuss their roles on an individual basis and saw them as a positive support mechanism. One staff member said, "I have regular supervision and I can talk about anything that is worrying me, these are then dealt with. I feel I can raise anything and be listened to." Supervision and appraisals sessions were used as a two way process with staff raising learning needs and any concerns, as well as receiving feedback on their performance and development. Records confirmed staff were set individual goals and progression within

their individual roles was monitored.

Staff had completed training on the Mental Capacity Act (MCA) and DoLS. The MCA 2005 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. The registered manager had a good working knowledge of the MCA and the legal process that needed to be followed. He had worked with the local supervisory body in the past and continued to work collaboratively to safeguard people's rights. This also included the use of advocates for people. When DoLS authorisations were in place, the registered manager and staff recognised that the impact of the DoLS authorisation did not infringe on a person's freedom or independence.

People were supported to maintain a balanced and nutritious diet of their choice. People were able to help themselves to food and drinks as they wanted. A menu was available and this was designed to reflect choices and to promote healthy eating. For example, a reduction in the use of refined sugars was promoted and vegetarian options were included. One person who had specific meal choices was well catered for and could choose an individual choice each day. Staff monitored people's weights and how they were eating. When concerns about people's nutrition were noted the GP was contacted for advice and a referral to the dietician if required. For example, one person had been seen by the dietician and prescribed food supplements. Staff ensured these were provided as prescribed.

Staff responded to people's mental health and physical health care needs. They recognised the importance of responding to both and supporting people in maintaining all their health needs. Staff maintained communication with each other and people so all needs were addressed. For example, the staff handover shared information on what appointments people had attended and how people were feeling. This gave indications for staff to monitor including changes in behaviour that may need to be responded to. One visiting professional commented on how effectively staff had dealt with a person whose mental health had deteriorated and needed hospital treatment.

People were supported and encouraged to either attend health appointments on their own or with staff, depending on their needs and wishes. Staff had regular contact with the community health and social care professionals including care coordinators, social workers, advocates, district nurses, pharmacists, community psychiatric nurses, GPs, and psychiatrists. Staff worked in conjunction with other professionals to benefit people ensuring the best care and support was provided. One professional told us, "The staff maintains excellent communication with community agencies."

Is the service caring?

Our findings

People were supported by staff who were kind and caring in their approach. People told us they liked the staff and enjoyed spending time with them finding them friendly and helpful. One person said, "The staff are lovely. You can have a chat with them. They're really nice here." Visiting professionals were very positive about Lavender House and the way staff maintained a relaxed and calm atmosphere. They told us staff were always friendly and pleasant, to them and people and commented on the patient and sensitive approach staff had with people.

Staff engaged with people in a respectful and interested manner and genuinely cared. Conversations between them were meaningful and staff took an interest in people, how they were feeling and what they were doing. The registered manager advised prospective staff were introduced to people to gain feedback from them on their personality and to ensure 'kindness and empathy' before their employment. This caring attitude was evident when staff talked about a person who had been admitted to hospital. Staff referred to her with genuine concern and compassion. A visiting professional confirmed staff valued them as a person and had wanted them to return. The registered manager had demonstrated a caring approach to this person and their relatives when they could not return, meeting with them both taking time to explain and providing support and guidance. Records held in the service demonstrated staff maintained an interest in people who had left the service. Their development and progress following discharge was fed back to staff. The registered manager used this to motivate staff and to demonstrate their worth.

Staff were attentive to people and used positive encouragement to promote independence. Maintaining people's independence was important to people and promoted self-control over their own life. Staff worked with people to undertake some cleaning and cooking which also led onto people becoming less reliant on staff. Staff had a good knowledge and understanding of the people they supported and each person had an allocated key worker. A key worker is a designated member of staff with special responsibilities for making sure that a person has what they need and takes a specific interest in their individual care and support needs. People were matched to a keyworker who knew them well and worked with them in a positive relationship, gaining trust and working together to promote people's well-being. The keyworker system helped promote an individualised person centred approach that took account of people's choices. For example, accepting people and how they wanted to dress and present themselves. The uniqueness of people was celebrated rather than restricted.

Staff encouraged people to maintain relationships with their friends and families and to reinstate positive relationships with friends and relatives they no longer saw. For example, staff worked with a charity to track down lost relatives of one person. This person now had regular contact with relatives they thought they had lost contact with. Staff work hard to ensure Lavender House has a welcoming environment for people and any visitors. This promoted an environment where people and any visitor to the service could relax and feel at 'home'. One visiting professional referred to the service as, "A very welcoming environment and home."

People's privacy and dignity was promoted. People's bedrooms were seen as people's own personal area and staff respected this, only entering with permission. Each room had a lock and people used this when

wanting to secure their own room. A visiting professional told us people's rooms were personal to them with staff supporting their individual identity and choice in relation to their contents. For example, one person had many items that could look untidy. When people received personal care staff ensured this was provided by people of the same gender in accordance with people's preferences.

People's views on how their care was planned and provided was central to the service. Staff consulted with people regularly and always took account of people's choices and preferences. A visiting professional said, "Staff never make decisions on behalf of people they allowed people to make their own choices." Another visiting professional told us staff were flexible as one person could change their mind about their care, appointments and outings at the last minute. Staff adapted their support to respond to this person's wishes. Records and staff confirmed there were open discussions with people about tailoring care and support to people's choices and changing health. For example, each person had a form in their care plan to detail what they would want in the event of their death. This encouraged an open discussion and the opportunity for people to share information that was important to them. One person had made their views known and staff were ensuring these were being supported.

Staff understood the importance of maintaining people's confidentiality and to maintain professional boundaries. Staff were reminded of the importance of confidentiality and this was recorded within a recent team meeting record. Staff received training on both and were supported by appropriate policies and procedures. Records were kept securely within a locked room.

Is the service responsive?

Our findings

The registered manager and staff promoted a person centred culture and approach to care and support. People were recognised for their individuality and staff responded to people's need in a responsive and personalised manner. People told us their choices were respected and they had control over what they did on a daily basis. One person told us, "I am going shopping later, I am able to come and go as I please." People were free to spend time where and with whom they wanted. Staff worked flexibly to accommodate people's preferences and avoided working to strict routines. For example, people who wanted to start their days later could have late breakfasts.

Lavender house was seen as people's own home and every effort was made to encourage and support this view for people. It was key that people living in the service got on well and their health needs did not impact on each other in a negative way. The admission process took account of this and worked to maintain a comfortable safe home for everyone living there. When people's needs changed the registered manager was able to recognise when another placement would be more appropriate. When this occurred a visiting professional told us the registered manager worked with people and professionals to source an alternative in a 'thoughtful and caring way' for the benefit of everyone.

People's care documentation supported an individual approach to people's care. Staff worked with people to tailor their care and support plan which was reflected within the care documentation. This addressed not only their health needs but also their emotional well-being. It confirmed individual goals that were worked on together not only with the person but with health and social care professionals working in partnership. This enabled people to achieve goals that had been identified to improve their health and well-being. For example, one person's diet was not having a positive impact on their health and this had been improved. Another person had a long term goal to move on from the service to live more independently.

Staff maintained effective communication with people which was an essential part of any therapeutic interventions and engagement with people living with mental health issues. Communication between people and staff was vital and an open, listening culture where information was shared ensured effective communication was at the heart of the service and was maintained verbally and within the paper work. Key workers co-ordinated people's day to day needs and retained a responsibility for people's support plans. These were updated following review meetings and any changes in care. One staff member told, "I feel what I have to say is taken into account, and I can change how things are done by raising things. I feel I am listened to." A communication diary and shift schedule was also used to ensure key messages were passed on to all relevant staff.

Engagement with meaningful activities can support people develop new skills, friendships and promote their identity. For people with mental health needs, engagement with activities can provide structure and promote well-being. People's preferences on what would interest and engage them were discussed as part of the admission assessment. The registered manager ensured as far as possible these needs were responded to. Most people preferred to take part in individual activities with staff. These were personal and allowed people to enjoy time with people they liked being with. For example, one person had returned

following a shopping trip with a staff member and was proudly showing off their purchase. The registered manager had been creative in providing group activities, and social events including a BBQ, and sourcing local community resources. They had supported people to find jobs, start college courses, attend football matches and go to London for the day.

People were listened to and had complaints investigated and resolved to their satisfaction. People said they did not have any complaints and told us they would talk to staff if they did. Information was available to people if they wanted to make a complaint and who to talk to if they were not happy with the response. People were encouraged to raise any concerns with staff or they could make anonymous complaints or comments by posting them in the box in the coffee area. Records of any complaints were well maintained and confirmed when complaints were raised they were investigated and resolved appropriately. The registered manager told us advocates had been used in the past to support people through the complaints procedure.

Is the service well-led?

Our findings

People, staff and visiting professionals spoke very highly of the registered manager. People felt comfortable with him and found him easy to talk to. Staff told us the management arrangements were strong with the registered manager providing excellent leadership. They felt well supported and valued. One staff member said, "The manager believes in leading from the front. They do not ask you to do something they would not do." Visiting professionals were confident that the registered manager was skilled and effective in their role. He had formed good working relationships with professionals and they enjoyed working with him. They told us, he followed through any agreements and planned actions quickly and had a good understanding and knowledge relating to this specific field of social and health care. They believed him to be highly motivated, diplomatic and professional. One professional said, "He is an excellent leader in the team and a role model by his own calm, professional and caring demeanour."

Whilst all feedback about the management was positive we found the leadership of the service was not consistent in all areas. Management systems that included quality monitoring did not always ensure safe and best practice was followed. Audit systems did not ensure all the care documentation was up to date and reflected the care and support provided. For example, one person with a health condition did not have clear guidelines for staff to follow if they became unwell. This was raised with the registered manager for them to address. There had not been a full infection control audit to identify all infection control risks. For example, risks associated with hand washing had not been fully addressed. Hand towels were used instead of paper towels in toilets, we found these were not available in all areas and were only changed on a weekly basis. We also noted there was no hand washing facilities in the staff office where medicines were administered from. A risk assessment and procedure was not in place to address this matter. There was not a full infection control procedure to ensure safe practice in the laundry to avoid cross infection. These areas were in need of improvement.

The provider had not established systems to ensure the service's policies and procedures were all up to date and adhered to. For example, the staff recruitment procedure was not being adhered to and did not reflect the practice followed. The medicine policies and procedures did not cover all required areas. For example, the management of people's injections or the monitoring of people's blood levels that were needed to ensure safe administration of medication. There was no contingency procedure and the legionella policy and procedure did not ensure all required checks and procedures were completed to minimise the risk of this disease. These areas were raised with the registered manager for improvement and demonstrated quality systems and appropriate policies and procedures had not been fully embedded into practice. This area was in need of improvement. The registered manager and provider told us new policies and procedures were being sourced and were to be tailored to Lavender House.

There was a clear management structure in place which provided clear lines of responsibility and accountability. The provider visited the service regularly, was known to people and staff and took an active role in the management of the service. They completed a formal quality review on a three monthly basis and worked with the registered manager to address any issue and improve the service. This had recently included paying staff to attend a longer handover session at the end and beginning of each shift. This

allowed staff to spend more time to discuss and plan care and support for people improving communication at all levels. The management team had also commenced an external quality management assurance process to monitor the quality of the service.

There were on call arrangements and staff knew who to contact in an emergency. Staff members felt comfortable and confident when talking and discussing matters with the provider, registered manager and senior staff. Staff were valued and listened to. The registered manager confirmed they promoted a flattened hierarchy and encouraged all staff to share their views and come up with new ideas. The registered manager described how a new member of staff had looked at the support provided to one person with fresh eyes and had suggested some changes to their routine, which had reduced their level of anxiety. Staff worked collaboratively and enjoyed a strong team spirit where everyone was respected and valued for their individual contribution. Staff said they enjoyed working at the service the way they were treated and how they worked to improve outcomes for people in a positive and proactive way.

There were systems and processes in place to consult with people, staff and stakeholders to change and improve the service. Satisfaction surveys were used along with regular consultation and communication with people and their representatives. For example, people had been encouraged to attend meetings which allowed them to share their views within a group setting. Despite an initial reluctance to attend staff continued to encourage this form of engagement and have been able to respond to requests and views raised, including a Christmas raffle and dance classes.

Lavender House started operating as a mental health care home in 1982. The service provides a relaxing calm environment for everyone in line with the service's aims and objectives. The service has recorded aims and objectives that are shared with staff who understand and focus on achieving these. They include treating people as an individual and providing a bespoke service on the needs and abilities of all those who lived there. Staff work to improve people's independence by working to develop realistically challenging care plans.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The registered manager was aware how to respond appropriately to notifiable safety incidents that may occur in the service.