

# Spectrum (Devon and Cornwall Autistic Community Trust)

## Silverdale

### 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

This inspection took place on 26 January 2018 and was unannounced. Silverdale 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.

Silverdale accommodates up to four people who have autistic spectrum disorders. The service is part of the Spectrum group who run several similar services throughout Cornwall, for people living on the autistic spectrum. At the time of the inspection one person was living at the service and two people were receiving regular respite care including overnight stays. The service consists of a two story detached house set within its own gardens.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also responsible for providing leadership at two of the providers other services in the west of Cornwall. At Silverdale the registered manager was supported by a deputy manager who was based in the service full time and allocated four hours of administration time each week.

People were relaxed and at ease in Silverdale and their relatives told us, "I think people are very safe." Staff had received safeguarding training and understood their responsibilities in relation to protecting people from abuse and harm. All staff had received safeguarding training and information about how to report concerns outside of the service was readily available.

People's relatives told us, "[My relative] likes it there" and "I am happy with the care they provide." During the inspection we observed numerous interactions between people and their support staff. People were comfortable requesting support and did so without hesitation. Staff provided support with kindness and compassion and took pleasure in describing people achievements. Staff comments included, "I love it, I really enjoy it here" and "It is nice to watch [Person's name] grow."

The registered manager was responsible for overseeing three local services. There was a full time deputy manager at Silverdale and Staff told us they were well support by the registered manager who visited regularly. Staff comments in relation to the registered manager included, "[The registered manager] visits three times each week and the deputy manager does have four hours administrative time each week", "[The registered manger] is as good as gold", and "I think the managers are great."

Staff were well motivated and relations between the service and the providers senior management had improved since our last inception. Staff said, "I think there has been a lot better communication" and "[The Operations director] was here on Monday." The registered manager had focused on encouraging and fostering the development of a positive culture within the home and a staff compliments book had been

introduced to enable staff to share positive feedback. Staff said, "It's a good place to work, we have quite high morale and that's quite rare for a care home" and the registered manager told us, "I am very proud of this house."

The service's complaints procedures was available in accessible formats and care plan's included guidance for staff on how to support people and members of the public to make complaints. Where complaints had been received these had been investigated and acted upon by the registered manager to improve the service's performance.

Information was stored securely and there were systems in place to monitor the service's performance, gather feedback from people and their relatives and identify where improvements could be made.

The service was adapted to meet people's needs and maintained to a reasonable standard. Each person had their own self-contained flat and there was an additional communal kitchen, dining room and lounge. All Firefighting equipment had been regularly serviced and utilities had been regularly tested by appropriately skilled contractors.

Staff and the registered manager took a positive and empowering approach to risk management. People were encouraged to identify challenging goals and staff supported people to develop the skills necessary to safely achieve their goals. Where accidents or incidents occurred these had been investigated by the registered manager to identify any further actions that could be taken to improve people's safety.

People's medicines were managed safely. Medicine administration records had been accurately complete and there were safe systems in place to ensure people in receipt of respite care were safely supported with their medicines.

Although the service had two full time vacancies it was fully staffed on the day of our inspection. People's relative told us, "We haven't heard of any shortages or things like that" and we found planned staffing level had routinely been achieved. Staff were appropriately trained and well supported by the registered manager. Records showed all necessary staff pre-employment checks had been completed and that supervision was provided regularly.

Detailed assessments of people's needs were completed before they moved into the service. This was done to ensure the service could meet the person's needs without impacting on people already using the service. The assessments process included visits to the person's home and the person visiting the service to meet staff and other residents. People's initial care plans were based on information gathered during the assessment process combined with background information from commissioners and relatives.

People care plans were highly detailed and informative and staff were observed successfully using techniques described in people's care plans successfully during our inspection. People's care plans had been updated regularly to reflect observed changes in care needs and staff told us, "The care plans are up to date. They are reviewed each month". A health and social care professionals said, "The care plans are very person centred and accurate."

People were able to choose how to spend their time and to access the community when they wished. During our inspection people were supported to engage with a wide variety of meaningful activities both within the service and in the local community. On the day of our inspection people were supported to go shopping in a local town and to engage with various activities within the service including; cooking, craft activities, and domestic chores. Relative told us, "The do try to encourage [my relative] to do quite a lot" while staff

commented, "[Person's name] has a very busy activities schedule". A Health and social care professional told us, "They try to engage [Person's name] as much as possible with new activities."

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People capacity to make specific decision had been assessed and where necessary decision had been made in the person's best interests. Necessary DoLS applications had been made. Where authorisations had been granted with condition these conditions were understood by staff and had been complied with.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains safe.

### Is the service effective?

Good ●

The service remains effective

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service was well led.

Staff were well motivated and supported by the registered manager.

Senior managers had visited the service regularly and staff told us they now felt comfortable raising issues.

People's and relatives views about the service were sought and acted on.

# Silverdale

## 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 26 January 2018 and was unannounced. The inspection team consisted of one inspector adult social care inspector.

The service was previously inspected in July 2015 when it was found to be good over all but to require improvement in relation to our question; 'Is the service well led?' This was because staff feared repercussions if they raised concerns and did not feel supported by the provider's senior management.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the two people who used the service, four members of care staff and the registered manager. Following the inspection we spoke with two relatives and a health care professional about the quality of care provided by Silverdale. In addition, during the inspection we observed staff supporting people at the home and its gardens. We also inspected a range of records. These included two care plans, four staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

# Is the service safe?

## Our findings

We spent some time with people who lived at Silverdale and saw they were comfortable and at ease with staff. The atmosphere was relaxed with staff providing reassurance and support as necessary. Relatives were confident people were safe and staff told us, "I think people are very safe" and "I believe people are safe."

Information about how to make safeguarding alerts was displayed in the service's offices and staff had a good understanding of their role in ensuring people were protected from all forms of abuse. Safeguarding training was included as part of the providers induction procedure and was refreshed annually to ensure staff recognised the importance of their responsibilities. Staff told us that if they had any concerns about colleagues working practices they would report them to the registered manager who they were confident would take any action necessary to ensure people's safety. Staff understood the role of the local authority safeguarding team and told us they would report any concerns if they were not appropriately resolved by the registered manager. Staff had received equality and diversity training and acted to ensure people were not discriminated against either within the service or while accessing the community.

Staff and the registered manager took a positive and empowering approach to risk management. This supported people to be as independent as possible and Health professionals told us, "They seem very good at risk assessing things." People's goals and aims were identified and staff used risk management processes to identify how to support people to achieve their aims. For example, one person had wanted to visit a local tourist attraction. Staff recognised that both the crowds and the environment at the attraction may have been challenging to the individual. They had assessed these risks and worked with the attraction to make arrangement for the person to complete a number of short visits to the attraction prior to its official opening time. This approach had enabled the person to safely achieve their aim of visiting all part of the attraction which the peons had enjoyed.

Any incidents and accidents that occurred were documented by staff. These records included details of the background to the incident, any possible triggers identified, details of how staff had responded and information about the person's support needs following the event. These records were completed on the provider's digital record keeping system and highlighted to the registered manager for further investigation. Staff told us, "Incidents all go on [the digital record system]" and "It's not too bad. It is a lot quicker to do." The registered manger reviewed records of all incidents and accidents to identify any learning points or where changes could be made to improve people experiences of support.

Records were stored securely in the service's office. They were up to date, accurate and complete. There was a hand over procedure between shifts and all staff had access to care records so they were aware of any changes to people's needs.

Fire drills were held regularly and Personal Emergency Evacuation Plans had been developed for each person. These documents provide staff and emergency service personnel with detailed guidance on the support each person would require in an emergency. All firefighting equipment had been serviced to ensure it was ready for use. Documents showed the service's utilities had also been regularly tested by

appropriately skilled contractors to ensure they were safe for use.

Although the service had two full time vacancies it was fully staffed on the day of our inspection. Our analysis of rotas showed that commissioned staffing levels were routinely achieved. People's relative told us, "We haven't heard of any shortages or things like that." Staff consistently told us the provider's on call managers knew that this service must be fully staffed and acted promptly in the event of unexpected absences to ensure people's needs were met. Staff commented included, "Very rarely are we short staffed , if we ring on-call they will get someone here straight away", "There is no contingency level, on-call do understand the need to achieve staffing levels here" and "Considering we have vacancies it is not bad, the duty manager normally finds someone to help out. They don't pull us to go to other services."

The registered manager was in the process of recruiting to fill both vacancies and three interviews were planned for the week following our inspection. In addition, staff told us four of the provider's bank staff were able to provide support to the staff team when required. Relatives and a health professional expressed concerns about the recent high turnover of staff at Silverdale. The manager was aware of these concerns and was attempting to increase consistency while ensuring staff wellbeing. Staff told us, "The manager did a targeted recruitment for Silverdale, it has gone really well." Necessary pre-employment checks had been completed before staff began working at the service. This included Disclosure and Barring Service (DBS) checks and references from previous employers.

People's medicines were managed by staff who had had been trained and assessed as competent in this role. There were appropriate systems in place for the ordering, storage, administration and disposal of medicines. Medicine Administration Records (MAR) had been fully completed and regularly audited by the registered manager. There were systems in place to ensure individuals in receipt of respite care were appropriately supported with their medicines.

The service was clean and tidy. Cleaning schedules were in place for both communal areas and people's bedrooms. People were encouraged to take part in and appropriately supported with cleaning tasks. Staff told us that one person was not keen on domestic tasks but reported that once staff began cleaning the person's room that they would normally help out.

There were systems and procedures in place to support people with their finances. Where the service held people's money it was stored securely and routinely audited. Staff supported people to plan shopping trips using techniques designed around individual needs and on the day of our inspection staff supported one person to plan and go shopping in a local town.



# Is the service effective?

## Our findings

Before anyone move into Silverdale an extensive pre-admission assessment was completed. This was designed to identify the person's specific needs and ensure these needs could be met without adversely impacting on the people already using the service. At the time of our inspection there was a vacant flat and Silverdale and the registered manager was in the initial stages of assessing and possible new person's needs.

Technology was used appropriately to support people's needs. The service used digital record keeping systems for all accidents and incident that occurred. The registered manager able to access this information remotely while away from the service and was informed by text message whenever staff recorded details of a new incident. In addition, technology was also used to directly support people. For example, one person liked to hum tunes and a tablet computer was used to identify and play back these tunes. Staff told us, "It's something [Person's name] enjoys."

All new staff completed a two week classroom based induction training course at the provider's head office. This course included the care certificate which is designed to provide staff new to the care sector with an understanding of current good practice in the care sector.

Once staff had completed the formal induction training they were then introduced to the people using the service and completed a number of shadowing shifts observing more experienced staff providing care and support. Staff told us that during their first week working in the service they, "Shadow, observe what is going on and read the care plans" and "I was slowly introduced to give [person's name] time to get know me and to get to know [person's name]." Managers explained that new staff were initially allocated to support a particular individual until they fully understood the person needs. Their competence to meet those needs was then formally assessed before they were permitted to provide support independently. Staff were then given time to develop a good report with the individual before shadowing staff supporting other people who used the service. One staff member told us, "I did a couple of months with [first person's name] before I began working with [Second person's name]." When new staff joined an individual's support team their relatives were provided with photographs and some background information about each new staff member.

There were systems in place to ensure training was regularly refreshed and updated in accordance with the provider's training policy. Staff told us, "My training is pretty up to date" and "I found [the training] informative, It was a lot of information."

Staff told us they were well supported by the register and deputy managers who they were able to contact for advice when needed. Records showed staff had received regular formal supervision and staff said, "We have three monthly supervision." The registered manager told us the provider was introducing a system of annual performance appraisals for all staff. Both the registered and deputy manager had received training in the new system and staff commented, "Appraisals, not yet but I have heard that they are due."

People were supported to access external healthcare services as necessary and attend regular check-ups. The service worked collaboratively with health professionals to ensure people's needs were met. Where professional had provided specific advice this had been adopted by the service and included in people's care plans. In addition, there were systems in place for use in the event of either planned or emergency hospital admissions to ensure NHS staff understood people's individual support needs.

People's care plans included guidance for staff on how to support people if they became upset and anxious. This included information about incidents likely to cause the person anxiety and details of techniques that had previously been used successfully to support people while upset. During our inspection one person became upset and staff effectively used strategies described in the person's care plan to support the person to manage their anxiety. People's care plan made it clear to staff that physical restraint techniques should only be used where other approaches had failed and people were at risk. For example in relation to restraint one persons care plan stated, "All of the above needs to be for the minimum amount of time possible and only used when there is a serious risk..."

Staff had received appropriate training in positive behavioural support and confirmed that restraint was not used routinely. They told us these techniques were only used when necessary to keep people safe. Staff comments included, "It is very rare. I have only done it once to get [the person] back to the van" and "I have not done a restraint with [person's name] in years." We saw alterations had been made to the fabric of the building to reduce risks, increase independence and minimise the need for restraint. In addition, the manager had listened to and trailed techniques suggested by staff to help one person to manage anxiety with in the own room. These trials had been initially successful in helping the person to manage their behaviour and the manager intended to further develop this idea.

People's care plans also include detailed guidance for staff on how to provide support following any incidents that occurred. Staff recognised people's needs changed following incidents and commented, "I think [person's name] is still thinking about the incident, we just reassure them that it is OK."

People were supported to eat a healthy and varied diet. Fresh fruit and vegetables were available and the kitchen was well stocked. Individual dietary needs and preferences were recorded and well known to staff. People were encouraged to help with preparing meals and one person had made cakes with support from staff during the morning of our inspection.

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's capacity had been assessed in relation to making specific complex decision and where necessary appropriate best interest's decision had been made. During our inspection we observed staff successfully using individualised techniques with to support people to choose activities and plan their day.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a good understanding of this legislation and appropriate application for the authorisation of restrictive care plans had been made. Where DoLS authorisations had been granted with conditions these conditions were understood by the manager and staff and had been complied with.

Each person had a self-contained flat let with en-suite toilet and showering facilities, lounge and

kitchenette. There was also a communal lounge, dining room and kitchen on the ground floor. The building was well decorated and maintained to a reasonable standard although the carpets on the stairs were discoloured. One person had their own garden area with shed where they enjoyed spending time and listening to music. The shed had been equipped with heating and numerous blankets to enable this person to enjoy their outdoor space throughout the year.

## Is the service caring?

### Our findings

Not everybody was able to verbally communicate with us about their experiences of care and support at the service. However, we saw people were comfortable interacting with their support staff who they approached for assistance without hesitation. People's relatives told us, "[My relative] likes it there" and "I am happy with the care they provide."

We spent time in the service's communal areas during the inspection observing interactions between people and their support staff. People and their staff clearly got on well together and we observed numerous positive and supportive interactions throughout the day. Staff consistently provided support with kindness and compassion and told us of the pleasure they took from supporting people to achieve their goals and develop new skills. Staff comments included, "I love it, I really enjoy it here", "It is nice to watch [Person's name] grow" and "I love working with [Person's name]." People also got on well with the registered manager who had a detailed understanding of people's likes, preferences and support needs. People enjoyed spending time with the registered manager. During our inspection one person asked to be supported by the registered manager in the garden and this support was provided.

People's relatives were complimentary of the staff teams caring approach and told us, "The staff are really good with [Person's name]" and "They are fantastic how they work with [Person's name]." One relative told us they occasionally met staff while off duty in the local community, they commented, "If you see them (staff) in the street it's great they can't praise [my relative] enough."

People were able to make choices and decisions about both how their care was provided and how to spend their time. Staff offered assistance and waited for people's consent before providing support. People were involved in various daily living tasks and chores within the service. On the day of our inspection people had been supported to bake cakes and tidy their rooms. Staff understood how to encourage people to become involved with both activities and tasks. They told us, "If you start doing it [Person's name] will help you. You don't make [them] do it."

People's communication styles were recognised and respected. We saw people and their support staff were able to communicate effectively together using a variety of techniques described within people's care plans. One person used pictures and symbols to support their communication and we saw staff supporting the person to plan their day using these symbols. Staff said, "We know what [person's name] means" and "Once you have worked with [Person's name] for a while it comes like second nature."

Information about people's beliefs and values was included within care plans. Staff recognised and respected what was important to people. For example, one person liked to take a number of items with them each time they left the service. Staff understood how important this was to the person and supported them identify which items they would like to take with them each time they left the service.

## Is the service responsive?

### Our findings

Detailed and extensive assessments of people's needs were completed before they moved into the service. This process often included people visiting the service to look around and care staff visiting the person in their current home to gain an understanding of their specific needs and wishes. At the time of our inspection there was vacant flat and the registered manager was in the process of completing an assessment to ensure the service could meet an individual's needs. The manager told us it would be some time before anyone moved into the flat as once the assessment had been completed additional staff would be recruited and trained to support the person.

Initial care plans were developed from information gathered during the assessments process combined with details supplied by commissioners, people's relatives and supporters. All of the care plans we reviewed were detailed and informative. They provided staff with sufficient guidance to ensure people's care and support needs were met. Each person's care plan had been regularly reviewed and updated. We observed staff successfully using techniques and strategies described in people's care plans to meet people's needs. Staff told us, "The care plans are really good, up to date", "There is enough information in the care plans" and "The care plans are up to date. They are reviewed each month". A health and social care professionals told us, "The care plans are very person centred and accurate."

Each person care plans also included information about their background, life history, hobbies and interests. This was included to help new staff to develop an understanding how the person's background could impact on their care and support needs.

When any changes in needs or how care and support was provided were identified people care plans were updated to ensure all staff were aware of these changes. This helped ensure people's support was provided consistently by all staff. Records were completed of what people had done each day, the care and support staff had provided and any observed changes in the person's mood or emotional well-being. Where people received respite care there were appropriate system in place to share this information with people's relatives.

People were support to engage with a wide variety of activities both within the service and in the local community. Activities were arranged in accordance with people like and interests and there was a minibus available to enable people to engage with activities outside the service. On the day of our inspection people were supported to go shopping in Truro, visit a local farm, baking cakes, engaging with various craft activities and spending time listening to music. Staff told us, "[Person's name] has a very busy activities schedule" and "People can go out when they want." Relatives said, "The do try to encourage [my relative] to do quite a lot."

Staff were keen to support people to develop new skills and interest. They had worked with people to identify various goals they would like to achieve. For each goal, stages and or skills necessary to achieve the goal had been identified. Staff then supported people to gain the skills necessary to achieve their goals. For example, one person had expressed a wish to work with animals. Staff had supported the person to visit

local animal centres, identify voluntary work placements and develop animal handling skills. The person had subsequently achieved a qualification in animal welfare. Staff and the register manager took pride in describing people's achievements and people showed us photographs of activities and trips people had particularly enjoyed. Health and social care professionals told us the service was good at supporting people to engage with and try new activities. Their comments included, "They try to engage [Person's name] as much as possible with new activities."

Care plans included guidance on how people preferred to communicate and we saw staff were able to effectively communicate with the people using a variety of techniques. Care records included examples of social stories and other communication tools that had been used to support people to understand complex issues. In addition, staff were provided with information on factors likely to impact on people's communication skills and guidance on how to provide support at these times. We saw people were able make decisions and communicate with staff effectively. Staff told us, "[Person's name] will quite often sign what [they] want to do" and "[Person's name] uses symbols to choose activities from. [They] are going shopping for a ..... today".

Staff used technology and a variety of applications and games recommended by Speech and Language Therapists to support people to develop their language skills. Records showed this approach had been successful and staff were now working with professionals to identify other tools to support and encourage learning within the service.

Information about the service's complaints procedure was available in an accessible format and staff had been provided with guidance on how to support people and members of the public to make complaints. All complaints received had been documented and investigated by the registered manager. Where appropriate changes to how the service operated and its facilities had been made as a result of these investigations. Records showed the service had recently been complimented by local community members for the quality of support provided by staff.

# Is the service well-led?

## Our findings

The service requires a registered manager and there was one in post at the time of the inspection. 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.

The registered manager was responsible for the leadership of three registered services in the west of Cornwall. At Silverdale the registered manager was supported by a deputy manager who routinely provided leadership to the staff team. The deputy manager normally worked alongside care staff but was allocated four hours per week to focus on their management responsibilities.

Staff told us they were well supported by the registered manager who visited the service regularly. Staff comments included, "[The registered manager] visits three times each week and the deputy manager does have four hours administrative time each week", "[The registered manager] is really good, always at the end of the phone if we need her" and "[The registered manager] is definitely here two or three time per week. Always answers if needed."

Our previous inspection found that staff were disaffected and felt disconnected from the provider's senior management team. They reported fears of recriminations if they raised concerns about the service's performance. We made a recommendation in relation to these issues.

At this inspection we found staff morale significantly improved. The registered manager had focused on addressing these issues and records showed Spectrum's senior managers had attended various meetings at the service. Staff comments in relation to the providers senior management included, "[The Operations director] was here on Monday", "We do see them, they are not shadow people now" and "I think there has been a lot better communication." The registered manager told us, "The Senior team are invited to team meetings and have attended" and "I like to think we have put more effort into building a better relationship with Spectrum. I have done what I can to build that bridge."

Team meetings were held regularly and the minutes of the most recent meeting showed a clear focus on supporting staff to develop a positive culture within the service. In addition, the registered manager had introduced a staff compliments book to allow positive messages to be shared between off duty staff. We reviewed these records and found they had been used by staff to recognise and record their appreciation of colleagues support and by managers to celebrate the staff team's commitment to meeting people's needs. Staff told us they were well motivated and that there was a positive atmosphere amongst the staff team. Their comments included, "It's a good place to work, we have quite high morale and that quite rare for a care home" and "It can be hard to work here but all of the team are as good as gold." The registered manager told us, "I am very proud of this house."

Staff now felt comfortable raising and reporting any concerns or issues with management. They told us,

"[The registered manger] is as good as gold", "She always answers her phone, is very supportive and approachable" and "I think the managers are great." People's relatives were also complimentary of the registered manager's approach and told us, "The manager is great, we know we can go to [her], discuss any issues and she will sort it out between us all. We have a fantastic rapport with her" and "The manager is very pleasant, I would talk to her if I had any issues." Health and social care professionals told us, "[Silverdale] seems to be quite well managed. The manager is very good and communicates really well."

Care records showed that the registered manager was open to ideas and suggestions designed to improve people's experience of care. For example, staff had suggested a particular technique to support one person to manage their anxiety. This idea had been reviewed by the registered manager, discussed with the provider's internal behavioural support team and subsequently successfully trailed. Staff told us, "We have team meetings and they have listened to ideas we brought up" and "As a team we have been coming up with proposals and suggestions for [People's names]." Following staff suggestions a seasonal activities / craft board had been introduced in the service's dining room. Staff had supported people to create various themed decorations and people told us they had enjoyed these activities.

The service had appropriate systems in place to monitor the quality of support provided and drive ongoing improvement. Each month the deputy manager completed a variety of audits including of medicines, finances and accidents to ensure people needs were being met. In addition, staff supported people to provide feedback on the service's performance each month, which we found was consistently positive. Relative's feedback was also valued and their suggestions had been acted upon. For example on person's relative said, "They have trailed changes to staffing arrangements in response to our requests."

The service worked in partnership with other organisations to make sure people's needs were met in accordance with current practice. Records showed the service had made referrals to and sought advice from health and social care professionals including social workers, mental health professional and General Practitioners.

The service care records were kept securely and confidentially when not in use. All necessary routine maintenance checks had been completed by appropriately qualified contractors.