

Affinity Trust







Beckley Close

Inspection report

14 Beckley Close
St Leonards on Sea
East Sussex
TN38 9TA
Tel: 01424 854104
Website: www.affinitytrust.org

Date of inspection visit: 1 and 2 Dec 2015
Date of publication: 20/01/2016

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	

Overall summary

We inspected Beckley Close on 1 and 2 December 2015. Beckley Close provides accommodation and support for up to six people. Accommodation is provided from a building which was purpose built as a care home for people with learning disabilities. The building is located within a residential area.

The age range of people living at Beckley Close is 35 – 67. The service provides care and support to people living with a range of learning disabilities and a variety of longer term complex healthcare needs such as cerebral palsy, epilepsy and diabetes. Most people living at Beckley

Close were unable to communicate verbally. Several people have been living at the service for over 11 years. There were six people living at the service on the day of our inspection.

We last inspected Beckley Close on 13 December 2013 where we found it to be compliant with all areas inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People appeared happy and relaxed with staff. There were sufficient staff to support them. When staff were recruited, their employment history was checked, references obtained and comprehensive induction completed. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and knew what action they should take if they suspected abuse was taking place. A wide range of specialist training was provided to ensure staff were confident to meet people's needs.

It was clear staff and the registered manager had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for a wide range of daily living needs. For example, seizures, falls, and skin pressure areas. People consistently received the care they required, and staff members were clear on people's individual needs. Care was provided with kindness and compassion. Staff

members were responsive to people's changing needs. People's health and wellbeing was continually monitored and the provider regularly liaised with healthcare professionals for advice and guidance.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one. Where people lacked the mental capacity to make specific decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

People were provided with opportunities to take part in activities 'in-house' and to regularly access the local and wider community. People were supported to take an active role in decision making regarding their own routines and the routines and flow of their home. One family said, "Really can't praise the home enough for getting the residents out and about."

Staff had a clear understanding of the vision and philosophy of the home and they spoke enthusiastically about working at Beckley Close and positively about senior staff. The registered manager and operations manager undertook regular quality assurance reviews to monitor the standard of the service and drive improvement.

Summary of findings

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 was safe.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Good



Is the service effective?

The service was effective.

Mental capacity assessments were undertaken for people if required and their freedom was not unlawfully restricted.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access and were supported to health care professional appointments for regular check-ups as needed.

Staff had undertaken essential training as well as additional training specific to the needs of people. They had regular supervisions with their manager.

Good



Is the service caring?

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to make decisions about their care.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individual personalised care.

Care records were maintained safely and people's information kept confidentially.

Good



Is the service responsive?

The service was responsive.

People were supported to take part in a range of activities both in the home and the community. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

People and their relatives were asked for their views about the service through questionnaires and surveys.

There were systems in place to respond to comments and complaints.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Good



Summary of findings

Is the service well-led?

The service was well-led.

People were able to comment on the service provided to influence service delivery.

Staff felt supported by management, said they were supported and listened to, and understood what was expected of them.

Systems were in place to ensure accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to enable a high standard of service delivery.

Good



Beckley Close

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 was planned to check 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.

We inspected the service on the 1 and 2 December 2015. This was an unannounced inspection. One inspector undertook the inspection.

We observed care delivery throughout our inspection. Most people living at Beckley Close were unable to communicate verbally with us so we also 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 looked in detail at care plans and examined records which related to the running of the service. We looked at three care plans and three staff files, staff training records and quality assurance documentation to support our findings. We looked at records that related to how the home was managed. We

also ‘pathway tracked’ people living at Beckley Close. This is when we look at care documentation in depth and obtain views on how people found living there. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at all areas of the service, including people’s bedrooms, bathrooms, and lounge and dining area. During our inspection we spoke with two people who live at the service, one visitor, four care staff, the registered manager and the team leader.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered information which had been shared with us by the local authority, members of the public, relatives and healthcare professionals. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

Is the service safe?

Our findings

People living at Beckley Close were supported to remain safe and protected from avoidable harm. A relative told us, “I know my son is safe and well looked after here.”

Staff were able to confidently describe different types of abuse and what action they would take if they suspected abuse had taken place. There were up-to-date policies in place to ensure staff had guidance about how to respect people’s rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed all care staff had received safeguarding training. We saw that safeguarding referrals were made appropriately and external agencies notified in a timely fashion. One staff member told us, “My number one priority is to keep clients safe in all areas of their lives.”

People’s dignity and rights were managed in a positive way by care staff. By observing staff and reviewing care documentation it was evident staff effectively supported people to manage behaviours that could challenge whilst protecting people’s dignity and rights. Care staff were aware of ‘potential triggers’ and used strategies to reduce the likelihood of these occurring and causing people distress. For example one person’s anxiety levels were raised by loud noise, all staff were aware of this and worked to protect the environment so as they were not exposed to this stressor. One staff member said, “Although meals times can be noisier it wouldn’t be right for them to eat on their own when they enjoy eating with others, so we do our best to manage the environment.”

People’s support plans contained detailed risk assessments for a wide range of daily living needs. For example, seizures, choking, falls, and skin pressure areas. Risk assessments included clear measures to protect people, such as the use of epilepsy alarms fitted to beds for people who required them. Staff demonstrated they were clear on the level of support people required for specific tasks. One staff member told us, “We know people’s capabilities and adapt tasks so as they are safe but can be as involved as much as they choose to be.” Further risk assessments within people’s care plans covered all aspects of daily life, for example, what equipment was required to be taken by staff going outside the home. Information had been reviewed and updated to reflect people’s changing needs.

Following an accident or incident completed forms were passed to senior staff for review. The registered manager told us, “This ensures we have oversight of all accidents and incidents at Beckley Close.” We reviewed records and saw actions had been taken as a result and a clear follow up process was evident. For example, one person had three falls in quick succession and through the review of the accident records senior staff were seen to have taken practical steps to mitigate this risk. Accident and incidents forms were uploaded to the provider’s electronic database where they were reviewed by an operations manager prior to being closed. The registered manager said, “It is reassuring to know that multiple people see what happened and what actions were taken so as a fresh set of eyes can review it.” Care staff spoken with were clear on the reporting process and that documentation was required to be completed in a timely manner.

Systems were in place to check the environment to ensure it was safe. We saw routine health and safety checks were undertaken covering areas such as fire, water temperatures and mechanical equipment used to assist with moving people. One staff member told us, “The handover folder states what areas need to be checked that day and you sign to say you have done it.” A more comprehensive health and safety checklist was undertaken on a monthly basis that covered areas such as lights, door mats and integrity of fencing surrounding the property. Maintenance and servicing of equipment such as profile beds, fire alarm, portable electrical equipment (PAT) and boiler were seen to be regularly completed. Staff were clear on how to raise issues regarding maintenance. One member of staff told us, “Things don’t get left, if something is broken we report it and it generally gets quickly fixed or replaced.”

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. If all people were in the house there were up to four care staff on duty during the day. One relative told us, “Always enough staff around to help.” The registered manager told us that people’s dependency levels were reviewed as part of their support plan and adjustments in staffing levels would reflect any changes. The service published a rota which identified which senior staff were ‘on call’ when one was not in the building or during the night. All staff spoken with said that they felt the home was sufficiently staffed.

The service had clear contingency plans in place in the event of an emergency evacuation. People had individual

Is the service safe?

personal emergency evacuation plans (PEEP) which staff were familiar with. These reflected the change in staff requirements based on the time of day or night. The service had an 'emergency grab bag' available which contained information such as copy of people's peep for the emergency services, key contact numbers and copies of people's medicine requirements. Staff and records indicated that full 'mock evacuation' drills were undertaken once a year. All staff were trained in first aid and resuscitation techniques.

Each person had their own medicine profile. The profiles provided detailed information on people's medicine history and what each medicine they were prescribed was for. There was information available for staff on the potential side effects of medicines. Medicines in current use were stored in locked cabinets in people's individual rooms; there was a separate secure area for additional supplies. We observed medicines being administered. The care staff administered the medicines and they checked and double checked at each step of the administration process. Staff also checked with each person that they wanted to receive the medicines. We looked at a sample of MAR charts and found them competently completed. Medicines were

ordered correctly and in a timely manner that ensured medicines were given as prescribed. Medicines which were out of date or no longer needed were disposed of appropriately. One staff member told us, "I feel very confident in assisting people with their medication, the training and support is very good." There were robust systems in place to manage medicines which were PRN 'as required'. Individual medicines profiles identified clear lines of accountability as to when and who could administer these. One staff member said, "Unless you are trained, have an up-to-date medication competency you can't administer PRN, it has to be left to staff on shift who are."

Records demonstrated staff were recruited in line with safe practice. For example, record of responses to interview questions, employment histories had been checked, suitable references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff described the recruitment process they had gone through when they joined. One said, "It was clear from the outset what was required from me and to be open and honest."

Is the service effective?

Our findings

People received effective care from appropriately trained staff. One relative told us, “I can’t speak highly enough of the staff; they all know what they are doing.”

When new staff joined the care team at Beckley Close they underwent an induction. This consisted of training and shadowing more experienced staff. One staff member told us, “When someone new starts it is important for them to build their confidence to work with clients.” Another staff member said, “For some clients it is important they get familiar with new staff’s voices, which can take time.” Mandatory training covered areas such as ‘understanding learning disability’, infection control and moving and handling. The registered manager told us that as some people at Beckley close lived with complex health care needs the provider ensured care staff who worked there underwent additional training in areas such as epilepsy, (PEG) feeding tubes and catheter care. This meant the provider had provided training that was relevant to the needs of people living at the service. We saw staff applied their training whilst delivering care and support. We saw that staff assisted and addressed people in a respectful manner and were aware of people’s potential anxiety triggers. We observed that people who required additional time to respond to questions were afforded this by staff. One staff member told us, “I like that I can see the direct relevance of our training.”

New staff were placed onto a six month probation period during which time they were more closely supported. We looked at the records of a new staff member’s recent three month ‘interim probationary’ meeting. The meeting covered all aspects of the new employee’s role. There were systems in place to provide all staff with supervision on a rolling six week cycle. One staff member told us, “It is a chance to reflect on what has happened since the last one and look at ways things can be done better.” All staff told us they felt well supported in their roles.

People were supported to maintain good health. Each person had a separate ‘health care plan’ folder which provided detailed information on people’s individual health care history and requirements. These records identified a wide range of health care professionals were engaged to support people to maintain good health such as occupational therapists and physiotherapists. Routine appointments were seen to be scheduled with opticians

and dentists. On the day of our inspection two people visited a dentist and staff were seen talking to them about how the checks up went. Staff were proactive with regard to people’s health care needs. One staff member told us, “Knowing clients as well as we do we notice very quickly if something isn’t quite right.” One person who had diabetes had very clear guidance for staff on how to effectively manage their condition. Another person who was living with epilepsy had a clear seizure diary within their health care plan. This captured specific information on each seizure such as ‘what was the person doing prior’. This meant staff were tracking and recording information in an attempt to understand any potential patterns and triggers in connection with their seizures.

We saw people living at Beckley Close had varying support requirements in regard to their mobility. The premises and equipment was laid out appropriately to meet people’s needs. Some people had specialist beds and air flow mattresses to prevent the risk of skin pressure areas. All the equipment was seen to be set within the correct parameters to safely support people. Staff had access to a variety of specialized hoists and moving equipment to support people in transferring from bed to chair or bath.

Staff we spoke with understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were procedures in place to access professional assistance, should an assessment of capacity be required. There was clear evidence that people had mental capacity assessment when appropriate and these were regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. We saw in individual files that best interest meetings had been held in multiple areas such as medicines and personal care and, where appointed, attorneys and advocates had been involved. During the inspection we heard staff routinely ask people for their consent and agreement to support.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We saw the registered manager had made referrals people that required DoLS with the appropriate managing authorities. Staff demonstrated they were clear on the parameters of each individual DoLS application. All staff had underdone

Is the service effective?

recent MCA and DoLS training. One staff member said, “The training was useful, it gave practical guidance and made me think about how I do things, I would speak to the team leader or manager if I was not sure about something.”

Meals were planned and rotated in line with people’s choices and preferences. The kitchen was clean and well organised and had systems in place to ensure daily checks such as fridge temperatures were recorded. People with complex needs were supported to eat and drink enough with a balanced and appetising diet. Some people had their food pureed, but we saw their food was presented in an appealing manner. Staff were seen to sit at eye level and engage positively and offer encouragement to people.

People who had been assessed as at risk of swallow difficulties had clear guidelines in place from a speech and language therapist (SALT). Where people were experiencing difficulty maintaining a healthy weight, records were used to identify food (both quantity and type) intake and output. Staff supported people in the dining room and created a relaxed and friendly atmosphere. There was a strong community ethos evident and people chatted and listened to each other. When appropriate people’s food and fluid intake was recorded if people refused, declined or did not eat any meals. People’s body weight was routinely recorded; staff told us this was used as an indicator of potential changes in health and wellbeing.

Is the service caring?

Our findings

The registered manager told us that recruiting the ‘right staff’ was important to the culture of the service. They told us that as part of the interview process all prospective candidates were asked to visit the service and spend time meeting people.

We observed kind and compassionate interactions between staff and people living at the home. We saw there was a strong bond and rapport which was underpinned by the staff’s knowledge and understanding of people’s needs. Where people had difficulty communicating verbally staff recognised facial expressions, gestures and sounds as well as changes in demeanour. This helped them to interpret how each person felt and whether they were happy or distressed. Staff told us they had known people at the home for many years, in most cases, and knew them as individuals with differing and specific care needs.

Communication was acknowledged as an important aspect to effectively supporting people. We saw references in care files to individual ways that people communicated and made their needs known. For example one person’s care plan referred to the movement of their head being a key indicator to them expressing themselves. We saw staff utilising these techniques whilst supporting this person to provide them additional time.

During the inspection we saw staff supporting people in a timely, dignified and respectful way. People did not have to wait if they required support as staff were available. We saw positive and on-going interaction between people and staff. We heard staff taking time to explain things clearly to people in a way they understood. Staff had a good understanding of dignity and how this was embedded within their daily interactions with people. One staff

member told us, “I find the key element is knowing someone well, knowing when they may need support and when you can promote their independence.” The staff approach to people was seen to be thoughtful and caring. Staff prompted one person to see if they wanted to ‘put their slippers on’ as their ‘feet may get cold’. Another staff member was seen discreetly supporting a person to wipe their nose. We saw one staff member asked a person if they wanted to sit in the kitchen with them whilst they prepared the evening meal. One person appeared to enjoy using their own china tea pot and cup after their meal. Staff were heard saying to each other that this had been a ‘great present’ for the person.

People’s likes and preferences were clearly documented throughout care plans. For example, what type of music they like and their favourite foods. Another section identified what a ‘good day’ would look like for them and how they could appear on a ‘bad day’.

Care documentation identified the specific involvement people had during the design and review of their care plans. On the day of our inspection we saw a person was having their scheduled care plan review. Their family members and social worker sat with staff and the person to discuss all aspects of the life at Beckley Close. The relative said, “I feel fully involved in making their life as positive and full as possible.”

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people’s confidentiality. Staff had a good understanding of privacy and confidentiality. Visitors were welcomed during our inspection. A relative told us they could visit at any time and were always made to feel welcome.

Is the service responsive?

Our findings

A relative we spoke to said they felt fully involved in the care of their family member. They told us that they were updated with any changes or issues that affected care. People's care plans clearly identified their needs and reflected their individual preferences for all aspects of daily living. Care documentation contained a personal profile and family history. One staff member told us, "I found the support plans really helpful when I started to get an understanding of client's background." Care plans demonstrated assessment of people's individual needs and clearly identified how these could be met. Areas included mobility, nutrition, personal hygiene, continence and communication. Care plans contained sections that laid out specific prompts for staff when supporting people who were unable to verbally communicate, for example, 'When I am doing this' 'We think it means this', and 'what I would like to do'. Likes and dislikes identified where people were able to make choices and retain control in aspects of their daily routines such as clothing and meals. Care plans were reviewed monthly, followed by a more comprehensive six monthly review involving family and/or advocates, social workers and the person's facilitator. A facilitator is like a 'key worker', a named member of staff with additional responsibilities for making sure a person receives the care they need.

Staff had a good understanding of people's individual needs and said they were given time to ensure care documentation was up-to-date. One staff member told us, "If there are any big updates I will generally save them until I am on night duty." All care staff were scheduled to work night shifts. This meant care staff were familiar with people's care needs and routines at all times of the day and night. We saw daily care records provided clear informative descriptors of people's activities, moods and behaviours. Staff told us these were useful to review if they had been off duty for a few days. We saw within one person's daily care notes it stated; they 'had a poor night's sleep so they slept in later than usual this morning.'

Beckley Close provided numerous opportunities for people to take part in activities 'in-house' and to access the local and wider community. These ranged from a visiting pet therapy provider to weekly aromatherapy, swimming and bowling. People's care plans contained photographs of

them taking part in various community activities. On the first day of our inspection two people had been supported on a trip to London on the train to visit a Christmas event. Two other people were out assisting to undertake the home's weekly food shopping at a nearby supermarket. One staff member told us, "Most clients really enjoying being out and about." Care documentation supported this and identified what people enjoyed doing the most. The provider had a dedicated minibus which was able to facilitate all people living at Beckley Close to go outside the home.

People were involved in 'tenancy meetings' once a month. Meeting minutes showed these were well attended and provided people with the opportunity to have input into the running of the service. For example we saw decisions had been made on where to host the Christmas party to choosing colour schemes for the sensory room. We saw that pictures and images were used to ensure people who were unable to verbally communicate were able to be involved in decision making. A staff member told us that a routine topic on the agenda was menus and food.

We observed two staff handover between shifts. These provided staff with a clear summary of the routines of the home that day for example the routine maintenance of an alarm system. Planned logistics related to staff allocation of duties were discussed along with individual updates on people. Staff had the time and opportunity to ask each other questions and clarify their understanding on issues.

Satisfaction questionnaire surveys were undertaken on an annual basis. We saw relatives, stakeholders and staff were surveyed. Feedback was seen to be positive. The information that was captured was collated by the providers head office administration function and results shared with the service. The registered manager told us that if anything raised required responding to they would undertake this themselves.

The PIR identified that a complaints policy was available to people within the home. During our inspection we saw this was also available in a pictorial format for people. People's care plans identified how and when staff had covered the key information contained within the policy to ensure accessibility. At the time of our visit the home had received no complaints.

Is the service well-led?

Our findings

The registered manager knew each person well. Staff were positive and spoke highly of the registered manager and their leadership. One told us, “I know I could approach them about anything and they would make time for me.” Staff demonstrated a clear understanding of their roles and the lines of accountability. One told us, “I would normally speak to the team leader if I had a concern but I know I could always go to the manager.” Staff told us there was a senior member of staff available at Beckley Close ‘during the week.’ The registered manager was at the service between two or three days a week. When they were not present the team leader was at the service. All staff were aware of the ‘on call’ system in place when a senior member of staff was required ‘out of hours.’ One staff member said, “You can always get to speak to a member of senior staff if you need one.”

The provider had clear published vision and values; these ran through the homes policies and procedures. Staff signed company policies to confirm they had read them. We found some of the policies in the main ‘policy folder’ were not the provider’s most up-to-date version yet some staff had recently signed them. The registered manager took immediate steps to remove and update these and inserted the updated versions. Beckley Close staff and the senior staff had designed their own important ‘values’ list on a staff team day. Staff were very clear on the vision and philosophy that underpinned the service. One staff member told us their saw their role as, “Enabling clients to have the best, most fulfilling life possible.”

Staff meetings were held monthly. Staff who were unable to attend were provided with minutes of the meetings. These meetings provided an opportunity for staff to raise and discuss issues and for senior staff to remind colleagues about key operational issues. Staff told us they found these meetings useful and provided an opportunity to share ideas and provide each other with updates on individual people. For example, meeting minutes identified a staff member had provided an update on how a person’s visit went with a family member in the community. One staff member said, “The communication here is very good, lots of chances to share.”

Robust quality assurance systems were in place to monitor the running of the home and the effectiveness of systems in place. Audits were undertaken for a wide range of areas, these included medicines, care plans and health and safety. Some audits were undertaken internally by the registered manager however most ‘key quality audits’ were undertaken by a visiting operational manager. These were detailed documents and provided the registered manager with an overall score and clear action plan for each auditable area. Each section was colour coded (red/amber/green) to provide a visual flag as to which areas required attention. For example within the ‘environmental health and safety’ audit it identified that the fire alarm test date was incorrectly recorded. There was a section for the registered manager or responsible person to indicate what actions they had taken in response to the prompt. The registered manager said, “it can be helpful to have a fresh set of eyes to look at how the service runs.” The provider also ran an ‘out of hours’ spot check system where by two senior staff would arrive at the service unannounced to make checks on night staff. We saw that the findings from these audits were shared with the registered manager.

The registered manager told us they felt well supported by their line manager and that communication between themselves and head office staff was effective. During our inspection we heard the registered manager and team leader liaising with the providers administration head office function by telephone. The registered manager said, “If I ask for help, I get it.” They described the training and support events they had been involved with. For example, external manager forums and workshops. The registered manager had identified in their PIR that a focus for the service was to improve staff retention. During the inspection they identified one method they were using to achieve this was by ‘empowering staff’. For example we saw the registered manager had worked with staff during supervision to identify areas where they could take on additional responsibly. They said, “Focusing on staff morale is really important.” Staff we spoke to were positive about their roles and the people they supported. We noted that the provider ran a ‘staff forum’ where by a staff representative from Beckley Close attended meetings to share the collective views of the staff at their service with other colleagues and senior staff from the providers other services.