

Mr N and Mrs S Hart

Tresillian Residential Home

Inspection report

41 Eastcliffe Road
Par
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Website: None

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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Tresillian is a small family run care home for a maximum of 6 younger adults with physical and learning disabilities.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

People told us they felt safe living at Tresillian and with the staff who supported them. People said, "I am very happy here" and "I love living here". Relatives said, "I can relax knowing that [person's name] is safe and well looked after" and "We think they [the service] are truly amazing".

On the day of our inspection there was a relaxed and friendly atmosphere. People were encouraged and felt confident to make decisions about their daily living. Relatives told us, "there is always a terrific atmosphere", "It's unlike residential care" and, "It's like [persons' name]

Summary of findings

is living with another family". We observed people had a good relationship with staff and each other. There was plenty of friendly and respectful chatter between people and with staff.

We observed that people living in the service exuded a confidence and sense of enhanced well-being that demonstrated that their daily lives were excellent and exceptional. One person said, "It's not like a residential home, there is no sign outside so no one knows I live in a home, which is good. I feel normal like everyone else". The service did not define people by their physical or mental disability and this approach had enabled people to develop a high level of self-esteem. The service enabled people to be as independent as possible, and because of the way people viewed themselves, they were open to new challenges and personal development. Relatives said, "the home gives them [people living there] huge space to grow and develop" and "They [the service] approach each person differently".

People were able to take part in activities of their choice and staff supported people to develop goals and aspirations about how they wished to live their life. Individual activity planners were developed with people and this included setting monthly goals. Each person had regular activities they took part in every week and these included going to day centres and volunteering work. The service arranged regular holidays for either the whole group or a smaller group depending on the type of holidays people wanted to go on. During our inspection people spoke at length about the holidays and leisure pursuits that they had taken part in. Two people had just returned from a trip to Disneyland Paris and they were showing their photographs to other people living there.

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported to have their needs met were highly personalised and provided clear information to enable staff to provide appropriate and effective support. The service's risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support. People saw their GP and other necessary appointments such as the dentist, when they needed to. People had access to an annual health screening to maintain their health. Specialist services such as occupational therapists and dieticians were used when required. Healthcare professionals told us they had no concerns about the care and support they saw at the service and appropriate referrals were made.

People were supported to eat and drink enough and maintain a balanced diet. People were involved in meal planning. Menu planning was done in a way which combined healthy eating with the choices people made about their food. Staff had helped people who wished to lose weight to devise individual healthy eating plans. The kitchen had been designed with some lower work surfaces so people with wheelchairs could help with meal preparation and cooking.

There were sufficient numbers of suitably qualified staff on duty to keep people who used the service safe and meet their needs. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

The service was well led and all of the staff were highly motivated and keen to ensure the care needs of the person they were supporting were met. Staff told us, "we are really supported by the owners" and "it doesn't feel like a job".

The owner/registered manager worked alongside staff to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff practice they would address this through additional supervision and training. People were involved in all aspects of the running of the service and were clearly comfortable in sharing their views with the owners.

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. There were sufficient numbers of suitably qualified staff on duty to keep people using the service safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Risk management procedures were robust and people were given information so they could take informed risks.

Good



Is the service effective?

The service was effective. Staff were appropriately trained and there were robust procedures in place for the induction of new staff.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards

Good



Is the service caring?

The service was caring. Tresillian had a strong, visible person centred culture. People were at the centre of every aspect of the service. The stable staff team had developed caring and supportive relationships with people using the service.

People's privacy was respected. Staff encouraged people to be as independent as possible and their achievements were recognised.

Staff and management were fully committed to this approach and supported people to live their lives in the way they chose.

Outstanding



Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were actively encouraged and supported to engage with the local community by taking part in a range of recreational activities.

Good



Is the service well-led?

The service was well-led. The provider/registered manager provided staff with appropriate leadership and support and staff were well motivated.

The service worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

People and their families told us the provider/registered manager was very approachable and they were included in decisions about the running of the service.

Good



Tresillian Residential Home

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.

This inspection took place on 1 October 2015 and was unannounced. The inspection was conducted by one inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the home.

During the inspection we spoke with all six people who used the service, the owners (one of whom is the registered manager) and two care staff. We looked around the premises and observed care practices on the day of our visit.

After the inspection we spoke with two healthcare professionals and two relatives.

Is the service safe?

Our findings

People told us they felt safe living at Tresillian and with the staff who supported them. People said, “I am very happy here” and “I love living here”. Relatives said, “I can relax knowing that [person’s name] is safe and well looked after” and “We think they [the service] are truly amazing”.

The service’s safeguarding and whistle blowing policies were readily available for staff to read. Safeguarding procedures were regularly discussed with staff to ensure they were familiar with recognising and reporting any potential abuse. Staff accurately described the correct sequence of actions and outlined the different types of abuse. Staff told us they supported people in a way that kept people safe. They said they would challenge their colleagues if they observed any poor practice and would also report their concerns to the registered manager. There was a poster on the ‘residents’ noticeboard’ giving details of how to raise a safeguarding alert. The registered manager regularly talked with people living in the service about what safeguarding meant and to check they understood how to contact the local safeguarding team should they have any concerns about the service.

There were effective systems in place to support people to manage their finances. With people’s agreement, the service supported people to draw money from their bank accounts for them to purchase personal items and pay for meals out. Arrangements were in place for people to keep their money securely in their rooms. Records of when staff supported people to draw out money or make purchases were kept and regularly audited by the registered manager.

Care records included detailed and informative risk assessments. These documents provided staff with clear guidance and direction on how people should be supported in relation to each specific identified risk. For example, the risks in relation to one person, who experienced regular seizures, going out into the community. Risk assessments detailed how ‘rescue medication’ should be carried by staff and a manual wheelchair for the person to use when recovering from a seizure, should one occur.

People were encouraged to be as independent as possible and the service encouraged them to take control of measures put in place to minimise any potential risk. For example, one person wore protective headwear whenever

they went out or moved around the service, to reduce the risk of harm should they have a seizure and hit their head. The person understood why they needed to wear the protective headwear. We observed that while they were sitting in a chair in the lounge they kept the headwear beside them and whenever they got up to walk around they put the headwear on. They did this unprompted by staff and this meant they were in control of managing the risks to their daily living. Another person went out daily to the local shops in their wheelchair. The person told us they decided on a certain route which meant they did not need to cross a busy road. They had assessed this risk themselves and taken responsibility for their own safety.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people’s needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Tresillian. On the day of the inspection there was one care worker and the two owners on duty. The number of staff on duty depended on what activities people living at the service were doing. For example, on some days staffing numbers were increased to enable staff to transport people to various activities and to stay in the house to support people who may wish to remain at home. The owner/registered manager explained that the day of the inspection was a quiet day because only one person went out to an arranged activity. Staff regularly took people on holidays and days out either individually, or as a small or whole group. The numbers of staff allocated for these activities was appropriate for people’s needs and the assessed risks of the activity.

Medicines were managed safely at Tresillian. All medicines were stored appropriately and detailed records kept of the support the person had received in relation to the management of their medicines. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted. One person had chosen to manage their own medicines. The service had provided the person with lockable storage for their

Is the service safe?

medicines in their room. Sometimes people needed to take their medicines with them when they went out for the day or away on holiday. Appropriate protocols were in place for staff to transport medicines.

The environment was clean and well maintained. People told us their rooms and bathrooms were kept clean. The owners carried out regular repairs and maintenance work to the premises.

The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. There were records that showed manual handling equipment had been serviced. There was a system of health and safety risk assessment. There were smoke detectors and fire extinguishers in the premises. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

Is the service effective?

Our findings

Staff were knowledgeable and well trained. Healthcare professionals told us staff had the knowledge required to meet people's care and support needs.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. The service arranged for staff to complete any specialist training to meet people's individual needs. For example staff had been taught, by a healthcare professional, how to use a specific technique to help meet one person's specific care needs.

Staff told us they felt supported by the registered manager and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said that there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Staff completed an induction when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside the owner/registered manager until such a time as the worker felt confident to work alone.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support. Staff supported people to see their GP and other necessary healthcare appointments. People had access to an annual health screening to maintain their health. Specialist services were used when required. For example the service worked closely with the local epilepsy nurse, occupational therapists and dieticians. Healthcare professionals told us they had no concerns about the care and support the service provided and appropriate referrals were made to them.

People were supported to eat and drink enough and maintain a balanced diet. People were involved in meal planning. Menu planning was done in a way which combined healthy eating with the choices people made

about their food. Staff had helped people who wished to lose weight to devise an individual healthy eating plan. The service had supported one person to lose 5 stone in weight. This had been achieved at the same time as developing a special diet to manage an on-going kidney condition. The person talked to us about the changes they had made to their eating regime and it was clear the benefits of this weight loss to the person, both physically and for their general well-being and confidence. The person's relative told us, "[person's name] is fitter and happier than they have ever been".

Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made. One relative said, "they are so good at letting me know when [persons' name] has any appointment so I can attend. When I am unable to attend the manager rings me afterwards to update me".

Care records showed that people had given their consent to their current support arrangements. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. At the time of our inspection the service did not have anyone who required a DoLS authorisation.

The design, layout and decoration of the building met people's individual needs. All bedrooms were on the ground floor and corridors and doors were wide enough to allow for wheelchair access. The kitchen had been designed with some lower work surfaces so people with wheelchairs could with meal preparation and cooking. People's rooms had been personalised with their

Is the service effective?

belongings and decorated in a style of their choosing. People told us, “[Owner’s name] decorates our rooms when we go away, we choose what we want” and “I had my room decorated purple because that is my favourite colour”.



Is the service caring?

Our findings

On the day of our inspection there was a relaxed and friendly atmosphere in the service. Relatives told us there was a good ambience in the service whenever they visited. One relative said, “there is always a terrific atmosphere”. We spent six hours in the communal lounge observing and talking with people. We observed people had an excellent relationship with staff and with each other. People were treated with care and compassion by staff and they also treated each other with kindness. There was friendly and respectful chatter between people and with staff.

The service had created a ‘family’ type culture where people displayed huge respect and understanding of each other’s needs. This resulted in staff and people working together as one unit. We saw that people wanted to look after and protect each other and this was encouraged and supported by care staff. One person had taken a new person to the service ‘under their wing’ when they first moved in. The person told us they helped each other because one person was in a wheelchair and the other person was blind. The person, who had initiated the support, said they were the other person’s eyes while they were their legs. It was clear this relationship had been mutually beneficial to both people’s well-being.

Staff treated people like they were their own family, while still respecting that this was peoples’ home and maintaining appropriate professional boundaries. People laughed and joked with each other throughout the day. Recalling stories of when they had gone out together or on holidays. There was an understated and natural rapport between people and staff. People’s behaviour and body language showed that people felt really cared for and that they mattered. Relatives talked about the service as being unlike any other service they had known of the same type. They told us the service was run for and by the people who lived there and there were no unnecessary rules or routines put in place to suit staff rather than the people that used the service. “It’s unlike residential care” and “It’s like [persons’ name] is living with another family”.

When we asked people about their experience of living in the service, and how staff treated them, they were clearly very happy. Although, at times people’s ability to verbalise exactly what it was about the service that made them happy was limited. However, we observed that everyone within the service exuded a confidence and sense of

enhanced well-being that demonstrated their daily lives were excellent and exceptional. The service did not define people by their physical or mental disability and this approach had enabled people to develop a high level of self-esteem. The service enabled people to be as independent as possible, and because of the way people viewed themselves, they were open to new challenges and personal development. For example, one person had decided that they wanted to take more exercise and went out every day independently in their wheelchair. While staff had encouraged and supported them, the person had made their own decisions about where to go, how far and for how long each day. One person said, “It’s not like a residential home, there is no sign outside so no one knows I live in a home, which is good. I feel normal like everyone else”. Relatives said, “the home gives them [people living there] huge space to grow and develop” and “They [the service] approach each person differently”.

We saw many examples of how this inclusive, enabling and caring approach had improved peoples’ daily lives and enhanced their well-being. Such an example was how the service had cared for one person when they first moved into Tresillian. The person had problems with their weight and health that seriously affected their mobility and they had extremely low self-esteem. Records described how the person, prior to moving to Tresillian, had ‘developed a fear of staff and was nervous about making mistakes’. Staff told us the person had few social skills or interaction with others when they first moved in. Within six months, the service had identified a serious on-going health condition, had obtained treatment for it, and the person had lost weight and their social skills and independence had improved. We observed that this person was confident and joined in with the general chatter and interaction in the service. They proudly told us about the diet that had been developed with them, both to manage the health condition and to help them lose weight, and how much weight they had lost.

We saw some feedback from a relative written six months after the person moved in, “In just over six months you have all given [person’s name] so much care and understanding that they have returned to the person I knew more than two years ago. Their humour has returned and their communication skills have improved dramatically, they delight in telling me what all of you have been doing together”.



Is the service caring?

Staff recognised and celebrated people's achievements. Throughout the inspection staff praised people for the things they were doing for themselves. There were pictures on the walls around the service showing what people had achieved while on holidays and at day centres. Relatives told us the service regularly rang them to let them know when people had achieved a goal they had set like going out independently or completing a household task.

Another example, of where staff had gone the 'extra mile', was where one person needed twice weekly nurse appointments at their GP practice, to receive treatment. The only dates they were offered clashed with regular activities that the person wished to take part in. This put the person under pressure to cancel their activities because it was important to attend the nurse appointments. However, the service recognised that this was not the outcome the person wanted. The activity they attended included volunteering work and this was important to their well-being and sense of community involvement. The service spoke with the GP practice about the appointments and, in collaboration, managed to arrange for the treatment to be provided on a Saturday by the district nursing team instead of by the GP practice.

One person living in the service had always had an interest in woodwork. This was because they had done this as a job prior to the accident that had resulted in them moving into the service. For some time the person had been going three to four times a week to a day centre where they were able to complete woodwork classes. The day centre was no longer able to support this activity and the service had found an alternative venue so they could continue to do woodwork. This had taken some time to find and the service had involved the person in this research. On the day of the inspection the person had been to the new centre for a trial day. On their return it was clear that they had enjoyed the experience. We observed the registered manager talking with the person to ask if they would like to go again. When they said they would the registered manager promised to ring the next day to arrange another visit. This meant the person would be able to continue to carry out activities that were important to them and that gave them a sense of purpose.

People were encouraged and confident to make decisions about their daily living. People who lived at Tresillian told us they could choose where to spend their time and were able to participate in activities as they wished. Staff

supported them to be involved in some household tasks such as cleaning and tidying their rooms and meal preparation. This meant they were able to maintain independence in their daily life.

Staff were seen to be highly motivated to provide the best and most suitable support to people they worked with. Staff were not rushed, were focused and spent time on an individual basis with people. Staff demonstrated an in-depth appreciation of people's individual needs around privacy and dignity. Although, the atmosphere in the service was one of fun and high energy, staff appreciated that sometimes people would want to be on their own. We observed that throughout the day people would decide to go to their room for some quiet time and staff respected their decision to do this.

The service encouraged staff to be reflective about their practice to help ensure that assumptions were not made about how people wished to be treated. For example, one member of staff told us they had realised that for one person using banter and jokes when interacting with them was not appropriate when they first moved into the service. They told us that they quickly adapted their approach and became more attuned to this individual's understanding of ways of interacting and social skills at that time. However, after a few months the person became more confident and the staff member said they adjusted their interaction to suit the person's changed needs.

People were supported to maintain contact with friends and family. Relatives told us they were always made welcome and were able to visit at any time. One relative told us they were not able to visit as often as they used to and they were finding it more difficult to take the person out in their car. The relative told us they had discussed these issues with the service who had offered to help by providing transport for the person to visit their relative at their home. Many of these visits included coming with their 'friends' from Tresillian. The relative told us a few times a year everyone from the service came to their house for a meal. They said they really enjoyed this because it gave them the opportunity to understand and be involved in the person's life. They told us, "we also ring [person's name] regularly and it is lovely to hear how excited they are about what they are doing and talking about their friends who live at Tresillian".

People and their families had the opportunity to be involved in decisions about their care and the running of



Is the service caring?

the service. We saw notes of regular 'residents meetings', where people and their families had discussed activities, outings, menus and holidays. The service had at least one holiday a year that people agreed together they wanted to do. Previous holidays had included going to Disneyland in

Florida and Paris and to seaside resorts in the UK such as Blackpool. During our inspection people were talking to staff about plans for their next 'big holiday' and other outings.

Care plans showed that people's wishes about end of life care had been discussed with them. People had recorded their preferences and choices about their end of life care.

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed, prior to moving in, to help ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living at Tresillian. A relative said, "They carefully choose people who live there to ensure they get along together".

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Tresillian. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care records were up to date, had been regularly reviewed and accurately reflected people's care and support needs. Details of how people wished to be supported with their care needs were highly personalised and provided clear information to enable staff to provide appropriate and effective support.

Staff were provided with information on how to support one person who could sometimes display behaviour that was challenging for staff to manage if something occurred that triggered a change in their mood. Their care plan gave clear guidance and instructions for staff about how to respond if these situations should occur. This included staff giving the person space by walking away and encouraging them 'sit quietly and reflect on their behaviour'.

People were involved in planning and reviewing their care. Records showed that people had signed to confirm their involvement in their care plan. People told us they knew about their care plans and the registered manager would regularly talk to them about their care.

People were able to take part in activities of their choice and staff supported people to develop goals and aspirations about how they wished to live their life. Individual activity planners were developed with people and regularly discussed and reviewed. Each person had regular activities they took part in every week and these included going to day centres and volunteering work. The

service arranged regular holidays for either the whole group or a smaller group depending on the type of holidays people wanted to go on. During our inspection people spoke at length about the holidays and leisure pursuits that they had taken part in. These included regular trips to the beach, shopping, going to the cinema, walks in the woods, watching television together and playing board and card games.

People were encouraged to set goals each month. These goals were specific to the individual and were sometimes one off goals and others were on-going. One person had a goal to learn some French words before going to Disneyland Paris and they had achieved this. Staff told us they used these words while they were on the trip. Another person had set a goal to have a DVD night with the other people and a third person had a goal to complete daily exercise to help them lose weight. On the day of our inspection this person went out independently to the local shops for exercise. The person who wanted the DVD night was still in discussion with the other people to agree what DVDs everyone wanted to watch. We observed staff and other people talking to the person about these arrangements.

On the day of our inspection people discussed how they should purchase some new board games. Everyone was involved in a quiz programme on the television and there was competition between people about who could get the answer first. Two people had just returned from a trip to Disneyland Paris and they were showing their photographs to other people living there.

On the day of the inspection one person had been out for the day to try a new day centre. They had gone to this day centre because they were able to take part in woodwork, which they particularly enjoyed. The person told us, "I enjoyed the day centre today, I sanded down some wood to make a sign".

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so because the owners were very approachable. However, people said they had not found the need to raise a complaint or concern.

Is the service well-led?

Our findings

The service was jointly owned and run by two people. One of the owners was the registered manager and was responsible for the day-to-day running of the service. The other owner managed the safety of the premises carrying out maintenance and repairs. Both owners worked in the service most days as part of the staff team.

People told us the owners were approachable and very visible in the service. People, visitors and healthcare professionals all described the management of the service as open and approachable. The owners provided strong leadership and led by example. Throughout the inspection the owners showed great enthusiasm in wanting to provide the best level of care possible and promote people's independence. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way that they cared for people and supported them to live as fulfilling lives as possible. This had resulted in the service working together as a whole team with staff and people equally contributing to the culture of the service.

We found that the service was well led and all staff were highly motivated and keen to ensure the care needs of the people they were supporting were met. Staff told us, "we are really supported by the owners" and "it doesn't feel like a job".

There was a stable staff team and many staff had worked in the service for a number of years. Staff told us morale in the team was good. There was a positive culture within the staff team and it was clear they all worked well together. Staff said they were supported by the owner/registered manager and the other owner and were aware of their responsibility to share any concerns about the care provided at the service. Staff told us they were encouraged

to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the registered manager, at daily handover meetings, regular staff meetings and supervisions.

The registered manager worked alongside staff to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training. People were involved in all aspects of the running of the service and were clearly comfortable in sharing their views with the owners. There were regular 'resident meetings' which were well attended. Relatives told us, "We think they [the service] are amazing" and "I have the highest regard for the owners for the way they work with the residents".

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. Healthcare professionals we spoke with told us they thought the service was well managed and they trusted staff's judgement because they had the skills and knowledge to feedback to them about people's health needs.

The service welcomed complaints or feedback from people, families or healthcare professionals and saw feedback as a way of improving the quality of the service provided. Concerns had recently been raised by a healthcare professional about the way a certain treatment was provided by staff for one person. After an external investigation the allegations were not upheld. However, the service still used the experience to review the procedures and make changes to improve the way staff provided care to the person.