

## Making Space

# Swallow Lodge

### 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

We visited Swallow Lodge on the 26 and 30 October 2018, the inspection was announced. We gave the provider 24 hours' notice of our visit, as we wanted to be sure the registered manager, staff and people who lived at the service were available to talk with us. The service is registered to provide accommodation for a maximum of eight people with a learning disability. People stay at the service to receive respite care, and over a period of a year, up to 60 people use the service. On the 26 October there were eight people using the service and on the 30 October there were four people using the service. Swallow Lodge also supports five people with personal care who live in a separate supported living unit. During our inspection we looked at both these services.

There was a registered manager in post who was available throughout 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 people using the service were protected from harm as the provider had robust processes in place to ensure their safety. Staff supporting people were aware of their responsibilities in relation to protecting them from abuse. They had received appropriate training to support their understanding of any safeguarding issues. The registered manager reported any issues of concern to both the CQC and the local safeguarding teams and worked in an open and transparent manner. There were clear processes in place to ensure lessons were learnt following any incidents or events.

The risks to people's safety were clearly identified with measures in place to reduce these risks. The environment and essential equipment were well maintained and met the needs of the people who used the service.

People were supported by well-trained and competent staff in sufficient numbers to keep them safe. Their medicines were managed safely and people were protected from the risk of infection through good hygiene practices, and staff knowledge of reducing the risks of cross infection.

People's rights were protected under the Equality Act. They were supported to maintain a healthy diet, with staff showing good knowledge of their nutritional needs. Staff were supported with appropriate training for their roles.

People received support with their health needs through well-developed links with local health professionals.

Staff sought consent from people before caring for them and they understood and followed the principles of the Mental Capacity Act, 2005 (MCA). The person was supported to have maximum choice and control of

their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness and care by staff who supported them with respect and dignity. Staff developed positive relationships with people in their care.

People could maintain relationships with people who were important to them, and relatives felt their views and opinions about their family member's care were listened to.

The care people received was person centred and met their individual needs. People were supported to take part in a range of social activities both at the service and in the local community. There was a complaints procedure in place and people and their families knew who to complain to should they have any issues.

The service was well led, the registered manager was visible and supportive towards the people in their care, their relatives and the staff who worked at the service. The quality assurance systems in place were used effectively to monitor aspects of care. The registered manager and provider responded positively to changes and used information to improve the service and care people received.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents. The risks to people's safety were regularly assessed and measures were in place to reduce risks and promote their independence. They were supported by adequate numbers of staff and received their medicines as prescribed. Medicines were managed safely and staff administering medicines were provided with training to ensure they were safe to do so. People lived in a clean and hygienic service.

### Is the service effective?

Good ●

The service was effective.

People were supported in line with the Equality Act, they were supported by staff who received appropriate training and supervision. They lived in a service that met their needs in relation to the premises and adaptations were made where needed. People made decisions in relation to their care and support and where they needed support to make decisions, their rights were protected under the Mental Capacity Act 2005. People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring, and showed a good knowledge of their preferences and choices. They and their relatives were supported to be involved with the development of their care. People had access to advocacy information should they require this and staff respected people's rights to privacy and treated them with dignity.

### Is the service responsive?

Good ●

The service was responsive.

People received individualised care and had access to a range of social activities both in the service and in the community. They were provided with information in a form which met their needs. People and their families knew who they could complain to if they had any issues and staff knew what to do if issues arose.

**Is the service well-led?**

**Good** ●

The service was well led.

There was an open and transparent culture in the service where people were listened to and staff were valued. There were robust governance systems in place to monitor the quality of the service. The management team worked to improve and sustain the quality of the service and worked with external health professionals to share knowledge to improve people's care.

# Swallow Lodge

## **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 26 and 30 October 2018 and the inspection was announced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved with the service, and commissioners who fund the care for some people who use the service.

During the visit, we spoke with three people who used the service, two relatives, three senior care workers, three support workers and the registered manager. We used a Short Observational Framework for Inspections (SOFI) to observe people who were not able to verbally communicate with us. Following the inspection, we spoke with four relatives. We looked at the care records of six people who used the service, their medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including maintenance records and quality audits carried out by staff at the service.

We did not request a Provider Information Return prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what they do well and improvements they plan to make. However, on the day of inspection we gave the provider the opportunity to share this information.

# Is the service safe?

## Our findings

People who used the service at Swallow lodge were happy to come and stay at the service, their behaviours showed they felt safe with the staff who supported them. One relative we spoke with told us they knew their family member was happy to stay as they almost pushed them out of the door when the relative brought the person to the service. They told us their family member was comfortable staying at the service. One person who lived in the supported living part of the service also told us they felt safe. They said, "There is always someone here to keep me safe."

Staff we spoke with were aware of their responsibilities in keeping people safe. they were aware of the types of abuse people could be exposed to and what they should do if they suspected a person was being abused. Each member of staff we spoke with told us they had received training in recognising the different types of abuse and they were all able to tell us what action they would take to ensure people were protected. One staff member could give an example of how they had worked with a person who used the service and their family to resolve a potential safeguarding issue. The member of staff was aware of the need to support the person and their family and had achieved a positive outcome for the person. Another member of staff told us they would report any concerns to the senior member of staff on duty and had confidence their concerns would be acted on. All the staff we spoke with were aware of how to contact the local safeguarding teams should this be necessary, but they all had confidence the registered manager would address any issues raised to them.

Our records showed when there had been safeguarding issues raised to the registered manager, they worked in an open and transparent way to address issues to keep the people in their care safe.

The risks to people's safety were assessed and measures put in place to reduce those risks. One person told us they had the different things they needed to keep them safe. They had a walking frame and showed us the aids in their bathroom that helped them maintain some independence. Relatives we spoke with felt the risks to their family members safety were managed well by staff. They told us the service had listened to them when assessing these risks and worked hard to maintain people's safety. As people came into the service for short periods of time on a repeated basis, their relatives told us they discussed any changes to their family members' needs that may affect their safety. Staff were responsive to these changes and told us they would record changes in people's care plans to ensure staff had the most up to date information to support people safely.

Staff we spoke with were aware of different risks to the people in their care. They told us they could view the risk assessments and gained clear guidance from the information to safely support people in their care. One member of staff gave us an example of how they supported one person whose behaviours sometimes put themselves at risk. All staff caring for the person had received training in the most appropriate restraint techniques and we saw the guidance in the person's care plan matched the information the staff gave to us. We saw the guidance was very clear about how the person needed supporting, and the emphasis was always on maintaining the person's safety and using restraint when absolutely necessary.

Where people required support to move from one place to another, their care plan showed what equipment staff should use, with the numbers of staff required. We saw equipment had been regularly serviced and where servicing was due this was highlighted to ensure it was undertaken in a timely way. The support people needed in the event of a fire was recorded in their personal emergency evacuation profiles (PEEP's). Staff we spoke with were aware of how to protect people in their care in the event of a fire and there were regular fire drills to support staff's continued knowledge. The above showed the staff at the service worked to actively reduce the risks to people's safety.

One person who used the supported living unit we spoke with told us there was always enough staff to support them. Relative's we spoke with told us there was some agency staff used at the service but told us there was always a core of regular staff who they and their family members know well.

Staff we spoke with echoed this and told us the registered manager worked to recruit staff so there was a consistent staff group to support people. One senior member of staff said, "We do have a lot of agency as our capacity fluctuates and this means we have to increase and decrease staff as needed, so we need agency or bank staff. We use one agency and have a good relationship with them." The member of staff went on to say the company had paid for some agency staff to undertake some nationally recognised training on appropriate restraint techniques, so they had the appropriate skills to support people.

We spoke with the registered manager who told us they regularly reviewed the staffing needs as the service needs changed. They confirmed they used one agency and had personal profiles of the agency staff who worked at the service. This meant they could see the staff had the appropriate training and skills to support people safely.

The registered manager used safe recruitment processes to ensure people were supported by fit and proper staff. We saw staff records contained evidence of appropriate references with any gaps in employment explained. The registered manager used the Disclosure and Barring Service (DBS) checks for potential staff members. The DBS helps employers make safer employment decisions as any criminal convictions will be highlighted through this check.

People's medicines were managed safely. One relative we spoke with told us when they brought in their family member's medicines staff always discussed them with them and checked them in safely. Staff we spoke with told us they were supported with training on the safe handling of medicines and one member of staff showed us their practices when receiving people's medicines. We were satisfied the processes in place meant people were supported safely. There were regular checks on the way medicines were stored, and medicines people required on an 'as required' basis had guidance in place to ensure staff had the knowledge to give these medicines appropriately.

People were supported in a clean environment. We saw there were cleaning schedules in place and regular checks on the environment to ensure cleanliness. Relatives we spoke with told us when their family members were admitted their rooms were always prepared for them, and had been cleaned prior to them being admitted. Staff we spoke with understood their role in reducing the risk of cross infection. One senior member of staff told us one of the staff members was an infection control champion. They said, "Our infection control champion has a budget, they order equipment we need, and they undertake different audits, such as mattress audits." They went on to say the infection control champion attended infection prevention meetings with the local CCG's, and fed back updates to staff at meetings. During our visit we also saw there were appropriate hand washing facilities available and staff showed good knowledge of how to contain any outbreak of infection should one occur at the service.



The registered manager worked to ensure learning from incidents and accidents was undertaken. They did this through daily handovers and supervisions. They also used incident records to change processes to reduce risks and increase learning. For example, the training of agency staff was brought in following a concern raised by staff in this area. This shows the service is responsive to issues raised in relation to people's safety.

# Is the service effective?

## Our findings

People's needs were assessed, and there were processes in place to ensure people were not discriminated against because of any cultural needs. The service worked in line with the protected characteristics under the Equality Act 2010. For example, if people required a diet in line with their religious needs, this was included in their plan of care, with information for staff to assist them meet the person's needs. Staff worked to support people if they were not able to communicate their needs verbally with alternative means of communication. This included simple signs or observing body language.

People were supported by staff who received appropriate training for their role. Relatives we spoke with told us they felt staff had a good knowledge of the different issues their relations had. One person we spoke with said, "Yes they (staff) know how to help me." Relatives we spoke with told us they had confidence that the staff had the right training to support their relations.

Staff we spoke with told us they had a mixture of on line training that they were encouraged to undertake at work, and they received face to face training for specialist areas of training. One member of staff told us they had undertaken a train the trainer course in a nationally recognised course in restraint. They delivered the course to both regular and agency staff at the service to ensure this aspect of care was delivered safely. They told us the company also used external trainers for training in areas such as the management of seizures and emergency treatment. We saw this was in line with the National Institute of Excellence (NICE) guidelines. There were further examples of how the training staff received equipped them with the skills to support individuals at the service. One person's nutritional needs were managed with the use of Percutaneous Endoscopic Gastrostomy (PEG) feeding tube. This is a way of supporting people with their nutritional needs when they have difficulties in swallowing. Staff had received training to safely manage the care of this equipment. As the person had some behaviour patterns that put them at risk in relation to this aspect of their care, staff had received further training to safely manage the person's care.

Staff told us they received regular supervision to support them in their role. One member of staff told us the supervision was useful for highlighting any issues of concern and any training needs. Another member of staff told us when they first started at the service they were supported with supervisions every month. They told us this was put in place for as long as they felt they needed the support. They told us they had felt very supported when they started at the service.

The above shows the registered manager worked to provide people with a group of appropriately skilled staff to effectively support their needs.

People's nutritional needs were being met. People were given appropriate diets while they were at the service. Staff we spoke with could tell us the different needs of the people they supported. There was clear information in people's files on their different diets. If people were allergic to any foods staff were aware of the allergies. Some people needed their food intake monitored and other people required support when eating. Staff were knowledgeable and provided the support we saw documented in people's care plans. When necessary people had been referred to health professionals such as the Speech and Language

Therapy (SALT) team to ensure they received the right support with their nutritional needs. We saw guidance from the SALT team for one person was being followed.

One staff member we spoke with who worked with people in the supported living unit told us they worked with people to ensure they ate a healthy diet. They told us one person did not enjoy cooked foods, but they worked with the person to try to offer a varied diet.

During our inspection we observed mealtimes and saw staff provided people with the most appropriate level of support. People were offered choices and if they did not like what was on the menu, alternatives were provided for them. We saw there was hot and cold drinks available for people throughout the day. This showed people's nutritional needs were met by the staff supporting them.

People's health needs were managed appropriately by the service. Some people who came to the service for very short periods had their relatives to support them with their health needs. However, if people came to stay at the service for longer periods the service worked with their local GP practice to ensure people were registered with the practice as a temporary resident. This meant staff would be able to get advice and support should they require it for people who were staying at the service. People in the supported living unit were also registered with their own GP. One person told us they were able to access their GP when they needed to. Relatives we spoke with told us staff were very good at letting them know if their relation had any health issues while they were at the service.

Staff we spoke with told us they were able to access the out of hours service for advice if they required it. They were also confident the training they received would assist them with any immediate health concerns the people in their care had. We saw there was detailed guidance for staff on how to support people with their health needs. This shows staff were supplied with information to help them effectively support people with this aspect of their care.

The environment people lived in was designed to meet their needs. We saw there was a regular servicing programme in place and audits to monitor the environment. During our visit we noted the environment was well maintained. This meant people were living in a safe well-maintained environment which met their needs.

The Mental Capacity Act (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. We checked whether the service was working within the principles of the MCA. We found they were.

People were supported to make decisions, and consent to their care at the service. During our visit we saw that staff always checked if people were happy for them to provide care before they assisted them.

The staff we spoke with told us they always assumed people could make their own decisions about how they wanted their care given. They told us they knew how to approach people to support them make their own decisions about their care. For example, using signs the person could understand, or pictures. Staff told us they were led by what the people in their care wanted.

Where people lacked the mental capacity to make specific decisions about their care, the registered manager had undertaken mental capacity assessments. This was to establish if specific decisions needed to be made in the person's best interest. When this was the case, the registered manager had worked with the

person and relevant healthcare professionals to ensure any decisions made for people were the least restrictive option and in the person's best interest.

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). No one at the service had a DoLS authorisation at the time of our inspection.

## Is the service caring?

### Our findings

Without exception, relatives we spoke with told us that the care given people at the service was good. Our observations of people's interactions with staff showed people were comfortable and confident with staff. All the relatives told us their family members enjoyed coming to the service. One relative said, "Well I wouldn't send [name] if they weren't happy." Another relative said, "[Name] loves going, we are in trouble if they can't go!" The relative said the service was their life line. A further relative told us they could tell from their family member's expressions they were happy to stay at the service.

Relatives we spoke with were also happy with the attitude of staff towards their relations and themselves. One person who lived at the supported living unit told us, "The staff are lovely." They told us they got on well with the staff who provided care. One relative we spoke with said, "I have a good rapport with the staff." Another relative told us they and their family were made to feel welcome when they went to the service. All the relatives told us they felt happy to leave their family member in the care of the staff at the service as the staff knew their relations needs well.

Staff we spoke with told us they enjoyed working at the service and there was a caring culture among staff. They felt this was led by the senior staff and registered manager. One member of staff told us, "There is a core of regular staff, and we are passionate about the care we give to people."

People's views and preferences on how they wished to receive care were recorded in their care plans. We saw people's preferred routines were recorded, and we saw examples of how these preferences were met. One person who had been living at the service for a few months had decorated their room with items of their choice. One person who lived in the supported living unit told us they could get up when they wanted and make their own choices about how they spent their day. They told us they had been involved in developing their care plan and their views had been listened to. Relatives of the people who used the respite part of the service told us they had helped develop their family members' care plan. There were regular reviews to ensure the care plan still met their relations needs. One relative said, "If I think something needs changing then they listen to me and change it." A further relative told us they could view their relation's record whenever they wanted and was able to look at the daily records to see what their family member had done while at the service.

The service provided information for people on the availability of advocacy services should they have required this support. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them. The registered manager told us no one at the service was using the services of an advocate at present.

People were supported by staff who were respectful and worked to maintain their privacy and dignity. One person said, "They (staff) do respect me, they make me feel comfortable when they help me shower." During our visit we saw that people were well presented and appeared clean. There were examples of staff dealing with aspects of people's care discreetly and respectfully. We also saw people were encouraged to undertake activities to promote their independence. During our visit we saw a person helping with the preparation of

the meal and staff also told us some people helped with their own laundry. It was clear staff understood their responsibilities in relation to maintaining people's dignity and promoting their independence.

## Is the service responsive?

### Our findings

People who used the service at Swallow Lodge and the supported living unit received personalised care that met their needs. One person who used the supported living service told us the care they received was individualised and their needs were met by the staff who supported them. They gave us examples of the equipment they had that supported their independence, such as the mobility aids. They also discussed how their daily routine was centred around their needs. Relatives we spoke with gave us some positive examples of how staff provided personalised care for their family members. The people who used the service had a wide range of complex needs that included support with their physical needs such as personal care or support with mobility. Some people had underlying long term health needs, communication issues, and some people's behaviour patterns needed close monitoring to keep them safe. All the relatives we spoke with told us their family member's needs were known and well managed by the staff who supported them. All the relatives we spoke with told us if they discussed any changes in their family members needs with staff, they were responsive. They told us staff would make changes to the person's care plan and ensure all staff were aware of the changes.

Staff we spoke with told us they felt the communication around people's care was very good. One member of staff told us people had key workers who made sure the person's care record was up to date and changes were communicated to staff. The care records we viewed had clear information about the different aspects of people's care. For example, one person suffered with seizures, their care plan detailed how these seizures presented and how staff should support the person and manage these incidents. There was information on management of behaviours, health needs and all care needs. Many people who attended the service were nonverbal and the care records gave guidance on how to support people on an individual basis. For example, some people could respond to simple questions with gestures or sounds, some people liked to take staff to show them what they wanted. Staff we spoke with were knowledgeable about these different needs and during our visit we saw staff responding to people's needs appropriately. This showed staff at the service supported people in an individualised way.

Throughout the service we saw how the staff had worked to make information, on the way their care was delivered, accessible for people. There were pictorial references to the foods people were offered and the activities people could undertake. Staff had training in sign language to support people. We saw staff had used pictorial booklets with information specific to people. One person's booklet contained references to the things the person enjoyed, allowing them to communicate their needs in the easiest way possible. Staff worked to provide people with the means to have the best access they could to information about their care.

People were supported to undertake a range of activities at the service. These activities were planned so if they wished people could undertake them jointly. For example, trips to the cinema or going out to eat together. There were joint activities in the service such as baking or games of football. However, people had the choice of undertaking activities in small groups or on their own, and activities were planned around people's individual needs. One person who lived in the supported living unit told us they enjoyed going shopping, and some of the people they lived with went to different day centres at times during the week. A

member of staff told us as the people in that unit all spent time away from each other during the day, they enjoyed talking with and socialising with each other when they came back to the unit. Relatives told us they liked the fact that there was a people carrier at the service as this had resulted in their family members accessing the community more.

During our visit we saw people undertaking a range of activities that included board games, baking, drawing or watching TV. Staff we spoke with told us they tailored the different activities to each person. They said that while there was an activities programme that gave people some structure and something to look forward to, the programme could be changed if people wanted to do something else. They told us it was about supporting people's individual choice.

Relatives we spoke with told us they knew who to speak to if they had any issues with their family member's care. They told us the registered manager and staff at the service were very responsive to any issues or concerns they raised, and they responded well to their concerns or requests about the care of their family members. One relative we spoke with told us they would feel comfortable raising any issues with the staff, but they had not needed to complain about the care provided for their relation. Another relative told us they had raised a concern to the staff about not always getting feedback about their relation's day at the service. They told us staff had responded by making sure the relative was provided with a daily feedback sheet. The relative was happy with the response from the staff to their concerns.

Staff we spoke with were aware of their responsibilities in relation to dealing with concerns and complaints. One member of staff said, "(I would) record and report any concerns to the manager, but try to resolve straightaway if I can." Where complaints had been received the company's complaints procedures had been followed by the registered manager to ensure any issues were resolved.

The company's complaints policy was displayed in the entrance of the service.

End of life care was not provided at this service.



## Is the service well-led?

### Our findings

It is a legal requirement for the service to have a registered manager in post and on the day of our inspection the registered manager was available. The service is also required by law to send us notifications about significant events at the service. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. The registered manager had fulfilled their responsibilities in relation to this obligation.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating on their website and at the service.

The registered manager was well known to both the relatives and people who lived at the service. People and relatives felt he and his staff group listened to them and acted on issues raised in an open and transparent way. We were told by people that both the registered manager and their senior staff were both a visible and approachable presence in the home. One person who lived in the supported living unit said, "(The registered manager) always comes to say hello and have a chat." A relative said, "Yes I can always speak to (registered manager) I hope he stays at the service because he is very good."

Staff we spoke with told us the registered manager provided strong leadership at the service and staff were aware of the registered manager's expectations of them. Staff we spoke with told us they were supported with regular supervisions and found these helpful in giving them direction, highlighting their strengths and where improvements were needed. They also told us the registered manager had an open-door policy and they could discuss things with them when they needed to. Our conversations with the registered manager confirmed what staff had told us, he told us he didn't want staff to wait for a supervision to raise any issues they were concerned about. He told us he made it clear to staff they should feel they could speak to him at any time should they need to.

Staff we spoke with also told us they could access a dedicated telephone line called, safe-call, that the provider operated. Staff told us this was in place so staff who had any concerns could raise them in confidence. One member of staff told us there were posters around the service and at staff meetings they were encouraged to use the line should they have any concerns. This showed the registered manager was continually working with staff to ensure they were aware of their responsibilities towards the people in their care.

The registered manager undertook a range of quality audits to monitor the service provided to people. These audits included environmental audits in relation to health and safety, infection control and maintenance of the service. They also undertook audits of medicines, care plans, any accidents, incidents or falls. The registered manager used the results of these audits to analyse any trends and improve the quality of the service. We saw how monitoring incidents had led to measures being implemented to improve care for people. For example, we saw how monitoring the incidents related to one person and implementing

measures had significantly reduced adverse behaviours that had previously impacted on the person's health and wellbeing.

This showed the registered manager continued to work to improve the quality of care provided for people.

Although relatives we spoke with could not recall being given quality questionnaires to give their feedback on the quality of the service, the registered manager was able to show us how yearly questionnaires sent out had been used to consider people's views on the service. There had been feedback on the decoration of the service, and how the service would benefit from a people carrier to allow people to be taken out on trips. We saw both these suggestions had been actioned.

Staff we spoke with told us there were staff meetings and they could air their views and discuss the changes in the service. Staff told us their ideas and views were listened to by the registered manager.

Where people received support from other health care agencies the service had worked with them to provide consistent care for people. The registered manager gave an example of working with families when health professionals had asked for diaries of behaviour patterns or nutritional monitoring. The registered manager told us they would ensure these diaries were completed so health professionals was given a complete picture to allow a robust assessment of people.

Throughout the inspection we saw evidence of the registered manager's commitment to improving the quality of the service for the people who used it.