

Alderwood L.L.A. Limited

Hillcrest House

Inspection report

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Tel: 01604495155

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This was our first comprehensive inspection of the service and it took place on 19 June 2018 and was unannounced.

Hillcrest House is a 'care home' for up to five people with autism and mental health needs. At the time of inspection, four people were living at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Hillcrest House accommodates people in one adapted residential house that is located on a residential street. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were supported to work towards and complete major achievements in their lives. The service had strong and positive links with local leisure facilities, charities, health and wellbeing providers, and the community. The service was flexible and adapted to people's changing needs and desires, enabling positive outcomes for all concerned. People felt a part of their community, and were able to take pride in their achievements.

Professionals involved in people's care confirmed that the service was focused on individuals needs and the service had been able to meet people's high level of needs where previously this had not been achieved. Staff had gone the extra mile to ensure that people received the medical treatment that they needed and they had taken innovative steps in complying with the accessible information standard.

The provider was involved with the development of a national initiative to try and prevent the over medication of people with learning disabilities, autism or both and this ethos was firmly embedded within the service. The provider was awarded by external bodies for educating the wider community about positive approaches to autism, and for the on-going investment into the strong development within their staff team.

The service had a consistently high level of engagement with relatives of people that used the service. Feedback from relatives was extremely positive who had commented on the unique nature of the service, and how their own lives had been improved as well as their relative using the service.

Staff were well supported by the registered manager and senior management team. The registered manager had a clear vision for the service and its development. Staff were passionate and dedicated to their roles and had belief in the ethos of the support they received, and that of the provider in general. Staff at all levels had a strong belief that they were providing the best possible care for people, and were confident and empowered in their roles because of the strong leadership and management across the company. Staff were innovative in their approach to support, and were enthusiastic about supporting people to overcome life's hurdles.

There was a registered manager in post. 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.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. Safeguarding procedures were followed accurately and alerts made when required.

Detailed risk assessments and behaviour management plans were in place to manage all risks within a person's life. Staff were all confident in supporting people with complex needs and behaviours which may challenge the service.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Correct staffing levels were in place.

Staff induction training and mentoring was extensive and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Staff felt that training made them confident within their roles.

People's consent was gained before any care was provided. Families were involved in people's care when appropriate. People were 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 support this practice.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

People and their family were involved in their own care planning and were able to contribute to the way in which they were supported. Care was completely centred and tailored to each individual.

Systems were in place to identify what each person wanted to achieve, and how best to support them to do this.

The provider had systems in place to monitor the quality of the service as and when it developed and had a process in place which ensured people could raise any complaints or concerns

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

People were protected from the spread of infection.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment

Is the service caring?

Good ●

The service was caring.

Positive relationships had developed between people and staff. People were treated with kindness and respect.

Staff maintained people's dignity and there were measures in place to ensure that people's confidentiality was protected.

People and where appropriate their families were involved in making decisions about their care and support.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Support was completely tailored to each individual, and staff understood the best way to support each person with their complex needs. Innovative approaches were used to maximise each person's potential, and ability to take part in meaningful activity. Bespoke communication aids were created to support people's understanding.

People's care was based around their individual goals and their specific personal needs and aspirations. People with complex needs and behaviours that may challenge, were being empowered and enabled to feel a part of their community, and to achieve their goals and more.

Feedback from relatives was extremely positive about the progress and quality of life that their family members were experiencing.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a visible complaints system in place which ensured that any concerns were dealt with in a timely manner.

Is the service well-led?

The service was very well led.

People were placed at the heart of the service delivery. They were supported by a highly motivated, consistent and dedicated team of care staff who worked to the provider philosophy.

The provider and registered manager promoted strong values and an exceptionally person centred inclusive culture. Staff were proud to work for the service and were supported in understanding the values to ensure that high quality, holistic care was given to people. Staff reflected upon their practice in order to ensure that care of the highest quality was given.

Management arrangements were in place to ensure the effective day to day running of the service. The management team were very approachable and supportive, toward people, relatives and staff helping them to reach their full potential.

The provider had robust systems in place to monitor and improve the quality of the service people received. There was a strong emphasis on continual improvement and the use of best practice guidelines to benefit people and staff with the provider striving to gain additional accreditations.

Outstanding 

Hillcrest House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 June 2018 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR prior to our visit and took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

We spoke with three people that used the service, two relatives of people who used the service, one support worker, one senior support worker, the registered manager, the house manager, the director and the human resources coordinator.

We viewed four peoples care records to ensure they were reflective of their needs, three staff files, and other documents relating to the management of the service such as quality audits, maintenance records, staff rotas and user feedback.

Is the service safe?

Our findings

People received support that was safe. One relative told us, "We can sleep at night knowing that [name] is very safe. The staff know exactly what to do in an emergency and they manage [name] so well." The staff we spoke with felt that all the people using the service were in a safe environment, and the care planning in place kept people safe from avoidable harm. All the staff we spoke with were aware of safeguarding procedures and had relevant and up to date training in this area.

The service provided care to people with autism, mental health conditions, and behaviours that may challenge. Detailed risk assessments were in place to cover every activity and environment that a person may be involved in, and included the potential behaviours and risks that may be present. Each person's assessment was personalised to them and the behaviours they might display. The support required to manage many risks for people was based upon the training that staff had received, and explained in detail what triggers a person may have, and the best and least restrictive way to make sure people were safe. All the staff we spoke with felt that they were able to keep people as safe as possible, whilst also promoting people's independence. One staff member said, "The training is very good. I feel confident supporting people here."

Sufficient numbers of staff were on shift to provide people with the support they needed. We saw that within people's care plans and risk assessments it was clearly assessed how much staff support was required, for different times of the day and different activities. During our inspection we saw that the service was well staffed and people were receiving the support they were assessed as needing. This included people going out in to the community as they wished. Staff told us that staffing levels were good. Safe recruitment procedures were carried out by the service and we saw that disclosure and barring service (DBS) checks were carried out along with identity checks and references from former employers. This ensured that all staff were suitable to be working at the service.

The service safely supported people with the administration of medicines. Staff were suitably trained to administer medication. We saw that one person's prescription for topical medicines had recently changed, and this had caused some recording errors on the medication administration records (MAR), for a few days entries. We spoke with the registered manager who explained how and why the errors had taken place, and the immediate actions that were put in place to rectify this, which included staff training, and corrections to the MAR. All the other records we looked at were accurate. Regular audits took place to make sure that medication stock was accurate, and robust systems were in place to ensure that medication could be taken out of the building with people when needed. Some medicines were to be taken as and when required by people, and protocols were in place to ensure that staff understood when this was appropriate.

People were well protected by the prevention and control of infection. The premises were kept clean by both staff and the people using the service. People's care plans showed that they were encouraged to clean and tidy their own environment as much as they were able to. Relevant staff training in infection control and food hygiene had taken place. We saw that a person using the service had also completed infection control training to increase their knowledge in this area. Pictorial plans were put in place for some people to help

them understand cleaning and personal hygiene routines.

All staff understood their responsibilities to record and investigate any accidents and incidents that may occur. The service supported people with complex needs that changed regularly. We saw that the service had regular meetings where incidents or behaviours of concern were discussed and reviewed. Different strategies were discussed and changes in support were implemented as a result of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.

Is the service effective?

Our findings

People's needs and choices were assessed and care was delivered to achieve effective outcomes. We saw that people received detailed pre- assessments before receiving support, and when people moved in to the service, their transition was tailored completely to their needs. The house manager told us, "We take as long as people need. People have come here from different environments. We make sure their needs are fully assessed and then a transition plan is made according to their needs." There were processes in place to ensure that no discrimination took place, and people's cultural and life choices were respected. All the staff we spoke with were respectful of people's individual choices, and supported people to live the life they wanted.

People received care from staff that were knowledgeable and had received the training and support they needed. Staff training was relevant to their role and equipped them with the skills they needed to care for the people living at the service. For example, staff had received specialist training in supporting people with autism and behaviours that may challenge. A staff member told us, "Since Alderwood have taken over the training has become excellent." Another staff member said, "We can request different types of training. Training on schizophrenia was requested and then set up for us." We saw that staff induction procedures ensured that they were trained in all the key areas such as safeguarding, autism, health and safety, infection control and more. Ongoing training was in place to refresh people's knowledge.

People were supported to maintain a healthy and balanced diet. We saw that people were supported with pictorial menu plans and were given the structure and routine around food and mealtimes that they required. During our inspection we saw that one person was being supported to cook their own lunch in the kitchen. The person told us they enjoyed the cooking process and was able to eat the foods they liked. The staff all had a good knowledge of what people liked to eat, and were motivated to encourage people to eat healthily as much as possible to increase their overall wellbeing. Care plans documented people's preferences and any requirements they had with food and drink.

People were supported by staff to use and access a wide variety of other services and social care professionals. The service had to communicate with different funding authorities, regarding people's care and wellbeing. Reviews were held for people when required in collaboration with their own funding authority. The staff had a good knowledge of other services available to people, and had good communication with professionals including social workers, reviewing officers and other healthcare professionals. We saw that input from other services and professionals was documented clearly in people's files.

Health and medical information was recorded in detail for each person. People were given the support they needed to make sure they were able to access health services. This included tailoring support to each individual and making sure they were prepared and able to cope with a variety of situations and procedures that may cause them anxiety. We saw that positive and successful experiences were had by people who required medical procedures and support.

People were supported in an environment that was centred around their needs, and personalised to their tastes. One person showed us around their room. They proudly showed us the various posters and pieces of artwork they had done which covered their walls. All aspects of the service were designed to meet the needs of people who may display behaviour that challenges, and who may be hyper-sensitive to different environments at different times. A variety of different spaces were available for people to use. The service was able to provide a homely feel that was personalised to the individuals, whilst at the same time remaining a safe environment for all who lived there.

People were encouraged to make decisions about their care and their day to day routines and preferences. During our inspection we saw staff offer choices to people and give them the time needed to respond. Extensive efforts were made to make sure that people with communication difficulties could express as much choice as possible. Staff were clearly well aware of the way in which each person communicated and knew the best way to respond to people. There were a variety of personalised pictorial guides for different scenarios, which were available for people to use.

Staff had a good understanding of service users' rights regarding choice, and appropriate assessments were carried out with people. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All the people within the service had been appropriately assessed and had DoLS authorised for their support. The staff were providing support in line with these decisions.

Is the service caring?

Our findings

Staff interacted with people in a caring and friendly way. We observed positive interaction between staff and people throughout our inspection. One parent of a person said, "The staff are very caring. [Name of staff] has been fantastic, we can't praise them enough." We saw a written compliment that stated, 'Thank you for all your kindness in looking after [name]. I always count my blessing in finding such a place as yours.'

People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff understood each person's preferences and so encouraged positive activities throughout the day to keep people fulfilled and active. Staff clearly understood the times and areas in which people found stress and anxiety, and supported people with the structure they required to reduce this. We observed that staff used planned strategies with a person whilst communicating with them, so the person remained calm and did not find themselves in a situation where anxieties would build.

The staff we spoke with clearly had passion and pride for the successful care that they were providing to people, and helping them avoid as much anxiety and stress as was possible. We saw that staff asked people what they would like to do, and respected their choices. People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed interactions between staff and people and saw that people were given the time they needed to express themselves and guide staff in providing care the way they wanted.

The privacy and dignity of each person was respected by all staff. Each person had a detailed care plan that documented all aspects of their care and life choices. This contained regular prompts to staff to respect people's choices and right to privacy, whilst making sure they remained safe. Staff were given clear guidelines about how to support people who may display certain behaviours whilst in public or communal areas, and how best to de-escalate that situation. Retaining a person's dignity was clearly a priority alongside their personal safety and that of others. Communication aids were in place to make it clear and easy for people to express their wish for privacy to staff. During our inspection we saw that staff knocked on people's doors before entering, and gave people the space and time they needed for privacy.

Staff we spoke with were all aware of the importance of keeping people's documentation private and secure. We saw that all documentation was stored securely within the office. The human resources coordinator told us that the management staff within the service were all doing general data protection regulation training, and that information from this would be cascaded down to all staff.

Is the service responsive?

Our findings

Care was completely personalised to each person that used the service, and people and their relatives were fully involved in their care. Staff had an excellent understanding of the needs of the people they were supporting, and clearly had a drive and passion to help people achieve as much as they could. One staff member said, "I want to make people's lives as good as possible for them." One relative told us, "Hillcrest is our salvation. It is a truly amazing place for [name]. They have moved on so much, [Name] is doing things I never thought they would. I have enormous confidence in all the staff."

The service had an excellent understanding of people's social and cultural diversity. All the staff we spoke with were knowledgeable about each person's backgrounds and preferences, and were able to tell us how they supported people with their choices. For example, staff explained that due to one person's background and culture, they considered it polite when greeting people to kiss them on the cheek. Staff told us they had understood that this was part of the person's culture, so made sure that they could greet people and other staff appropriately, whilst making sure that other people were comfortable also. We saw that people's family history, culture and religion were being respected and encouraged, and people were able to feel part of a community that was important to them.

We spoke with a health care professional about their opinion on the service. They told us, "The service has been able to provide high quality services to people with very high level of needs, and many with history of severe challenging behaviours."

The service had taken innovative steps to meet people's information and communication needs. Extensive communication plans and tools were available that were tailored to each person. The service used visual aids to support people with preparing and understanding a wide variety of tasks. We saw that pictorial guides were handmade by the service to support people with basic understanding of objects and rooms, through to more complex procedures and routines that they would need to prepare for to avoid anxiety and stress. These were completely custom made and personalised for each person and the scenario they required it for. For example, one person had a visual aid to support positive behaviour with the use of computer games, as they struggled at times differentiating between on screen and real life situations. We saw this tool in use and saw that it was immediately effective in redirecting the person. Another person had a guide around their feelings and anxieties about their own body. Staff we spoke with all told us of the importance of accessible information for the people they were supporting. A relative told us, "[Name] has hundreds of visual aids designed for them They really seem to work and the staff use them consistently." Staff we spoke with were all able to tell us examples of picture guides that they used daily to enable people to cope and understand. One staff member said, "Since Alderwood have implemented these visual aids, we have seen dramatic improvements for people."

The service had devised a personalised and innovative approach to supporting people with activities, education and work. This enabled people to have robust and valuable learning opportunities, such as community appreciation, safety awareness and vocational skills. Goals and targets were set for people, with their own involvement and input from families. This set out a bespoke structure to enable people to

participate and achieve tasks, from simple day to day things like preparing food, to longer term goals such as volunteering or working towards more independent living. We saw that through this format of planning, people were successfully learning new skills and completing major achievements. For example, one person had a passion for books, but also had behaviours and anxieties around owning books. The staff had set up a step by step process to enable the person to enjoy the books and reduce the anxieties. The staff setup a small library within the home, where the person could get used to the idea of having a set amount of books which were borrowed, and then swapping them for others. The staff were then able to progress this to a public library to enable an even wider range of books for the person within their community. The process had worked so well for the person, that they were able to have a role within their local charity shop where they helped the shop to re-stock and rotate the books. In return for their work they were given books and a cup of tea. One staff member said, "This has worked so well for [name]. They can still display behaviours around books, but they have come on so far and manage so well now." Each part of the process was planned out and worked through successfully to achieve positive outcomes for the person.

People using the service felt a part of their wider community, and felt proud of their achievements in helping others around them. We saw that people were supported to help out at a local homeless charity where they could volunteer to serve out food to people. We saw photographs of people taking part in this activity, and the staff told us that people really enjoyed the opportunity to help out in their local community. We saw that a strong link had been made between the service and the charity, who used social media to regularly promote their project and thank the people and staff from Hillcrest for supporting them regularly.

The service personalised their support for all aspects of a person's life, and worked towards goals and achievements that were important to people. The service had recognised that several people had a passion for theme parks and rollercoasters so had organised for them to purchase season tickets for a theme park and made a weekly trip to the park. One person spoke to us about this and told us they really enjoyed their trips to the theme park. People were also supported to go on holidays both abroad and in the UK. The provider had their own holiday home for people to book and use. The registered manager told us, "It is a great facility to have use of, people can have holidays there and their family members come and join them. It is a great environment for people to use." This enable people and their families to have a relaxing break together with the support of staff available to them.

People were placed at the centre of their care and were able to develop and grow in confidence. The staff developed strong relationships with people and fully understood what caused each person stress or anxiety, and may therefore be a barrier to achieving something. Staff developed multiple ways to work with people to de-sensitise these barriers and help people progress. For example, the service used animals and animal care in this way. We saw that one person had been out to a horse project, where they were able to help out with the grooming and maintenance of horses. It was clear that they had enjoyed this experience when we talked to them about what they had been doing that day. We also saw that the service had links with an animal charity, where people were able to walk dogs and care for pets that were used for the care of elderly people. This innovative work and approach by staff enabled people to feel part of a positive project which helped others, whilst at the same time benefitting from being around animals themselves.

All the relatives we spoke with were passionate about telling us the quality of the care that was provided, the progress made in life for their loved one, and the unique nature of the service. A relative told us, "Hillcrest is the best possible place for [name]. They achieve so much and they have given him a life. The staff always tell me what's going on" Another relative said, "[Name] being at Hillcrest has given us our family life back. We couldn't cope living together, but now we all get to enjoy each-others company. We have the peace of mind that [name] is getting the proper care they need."

Care plans reflected people's likes, dislikes and preferences. The care plans we looked at were detailed and gave a clear picture of the support needs of each individual. Photos were used to document the things each person liked, and what they were good at. Details including specifics around the type of speech and tone staff should use in certain situations were documented to ensure the best outcomes for people. All the staff we spoke with were confident the care plans were reflective of people's true needs and preferences.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The relatives we spoke with said they had not had to make any complaints but would do so if needed. We saw that some complaints had been recorded, and they were responded to promptly to the satisfaction of the person making the complaint.

The service provided care to younger adults. There was no end of life care being delivered at the service. The provider was able to support people with decisions in this area if they required.

Is the service well-led?

Our findings

The service had a registered manager and a house manager who were visible within the service, approachable, and knowledgeable about all aspects of people and staff within the service. One relative of a person said, "[House manager] is fantastic. I can always ring them and find out how things are going. He always updates me, and I know he has a real passion for the job. I'd nominate him for sainthood if I could." Another relative told us, "The care became even better when Alderwood took over Hillcrest house. I know that the director of Alderwood put in a lot of effort personally to make sure things were the best they could be, and the systems were used consistently. I have a real faith in their service."

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

All the staff we spoke with told us the registered manager and the house manager were always supportive and easy to talk to. One staff member said, "The management is excellent and I can always get the support I need." Another staff member said, "Throughout this company, I can see that managers have started off as support workers and worked their way up. That is really good to see that people are encouraged to learn and progress their career." During our inspection, it was clear that people using the service knew who the registered manager and the house manager were and were happy to interact with them. The registered manager and the house manager talked to us about the people using the service and both had a clear passion and drive to run a quality service for the people using it.

The registered manager told us they were consistently looking to drive improvement with the support of the provider. For the second time, the provider had been awarded the Marion Cornick Award for Innovative Practice. The award was in recognition of the fact that the provider had been educating the wider community about positive approaches to autism. We saw that health professionals from the local dental practice, chiropodist, and hand therapy, as well as social workers, had all been approached and supported by the provider to further educate themselves on providing a quality service to people with autism, and positive approaches to take. Professionals we spoke with told us they had benefitted from further understanding autism, and the strategies that were in use to support people.

The provider had also been involved with the Stopping Over Medication of People with Learning Disabilities, Autism or both (STOMP) initiative. This involved meeting with members of parliament to discuss issues surrounding medication for people with autism and complex needs. We found that the ethos behind this initiative was embedded firmly in staff practice. One staff member told us, "This is embedded throughout the Alderwood services. It is particularly relevant here, as we have people who used to be in mental health hospitals, and were on numerous types of medication. We always review medication and ensure that all options are considered. The consistent way in which we support people enables them to come off a lot of medication that had been given in the past." The registered manager told us, "I have been asked to go in to the hospital and explain the way in which we work with people, the systems we use, and how much it has

benefitted people with autism and mental health conditions."

The provider continued to have an excellent reputation with other professionals as providing quality support to people. Close links were kept with a variety of health and social care professionals involved in people's support. A doctor who was involved in people's support across many of the provider's services told us, "Alderwood provides a very high quality and safe service to people with learning disability. I personally have found Alderwood staff very courteous, professional, responsive and reliable. They are very good communicators as well. I have noticed high morale among staff during my interactions with them. Their contribution towards Transforming Care is commendable. I have been very impressed."

The service continued to have a positive ethos and drive to provide high quality, person centred care to people with learning disabilities and autism. Staff at all levels had a strong belief that they were providing the best possible care for people, and were confident and empowered in their roles because of the strong leadership and management across the company. All the staff we spoke with spoke positively about the management and the provider, and were proud to call themselves employees.

The provider and registered manager were fully committed to ensuring the service continually improved through seeking feedback from relatives of people. The service had a consistently high level of engagement with relatives of people that used the service. We saw that relative feedback forms were sent out so that family members could comment or make suggestions to the service.

The service was well organised and staff were all confident in their roles and responsibilities. The provider had developed many of its staff into senior roles and provided specialist training to staff so that expertise was at hand across many of the services. The provider had been given a silver 'Investors in people' award, to acknowledge the strong sense of development and opportunity within the staff team. A robust mentoring system was in place so that staff were clear about their responsibilities from the start of their employment, and that support was present for them at all times. A clear statement was given to staff within the mentoring pack which said, 'We see training as our key responsibility in your career development, regardless of age or ability. All staff will be given the same rights of development from the first day of employment.' All the staff we spoke with confirmed they felt they had the opportunity to develop at their own pace. They also felt the service was an excellent place to develop and grow as an employee.

People continued to be supported to become involved in the local community. The service had continued to strengthen links with local leisure facilities, health and wellbeing providers, and employers. This enabled people to gain a solid foundation for gaining new life skills and encouraged their on-going learning, development and independence. The registered manager and the staff we spoke with all told us how important it was to build positive links within the community and with other agencies. One staff member told us, "We believe many people have the ability to gain independence and move on to more independent living in the future. The link we have in the community are key to supporting that."

The provider continued to run a "Staff of the Month" award system. Each month, staff members were chosen because of their individual qualities. This incentive gained staff a prize if they were nominated and won. Staff could also receive a financial benefit for recommending the service as an employer to any of their friends and relatives. Staff told us that this initiative was positive and continued to motivate them to think of extra things they could do to improve their work with people and the wider staff team.

Quality checks and audits were completed regularly throughout the service. We saw that managers completed full detailed checks on all aspects of the service, and recorded any areas that were required to be improved upon. There were regular management meetings where all aspects of the service were discussed

with the provider, ideas were shared, and actions created to enable improvements to be made. The provider had a health and safety manager, a training manager, and a facilities manager that were all involved in regular checks on services and actioned required improvements. During our inspection we saw that the health and safety manager and maintenance staff were conducting an audit at the service, and noting any areas that required attention. All the staff we spoke with told us they felt that the management team were very responsive to the needs of the service, and improvements were identified and acted upon promptly.