

Precious Homes Limited

Precious Homes LTD

Albany House

Inspection Report

75 Southwood Road

New Eltham

SE9 3QE

Tel: 02088501659

Website: www.precious-homes.com

Date of inspection visit: 15/04/2014

Date of publication: 17/09/2014

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Summary of findings

Overall summary

Albany House provides care, support and accommodation for up to six people. It provides a service for adults with learning disabilities, mental health diagnoses, autistic spectrum conditions, and people with complex needs. The service has a registered manager in post.

People who used the service were given appropriate information and support regarding their care and support; this was in a format they could understand. This helped people to understand their rights and provided information about local services.

At Albany House care and support was consistently planned and delivered to meet the individual's needs, any changes that arose in a person's needs were acknowledged and responded to appropriately. People were supported to maintain good health; they had support with accessing healthcare services. The service worked well with other services such as psychiatry and psychology to make sure people received effective care and support.

People's human rights were properly recognised, respected and promoted. The home had suitable arrangements in place for obtaining consent to care and acting in people's best interests. Capacity assessments were completed for people using the service. Staff understood how to submit an application for a Deprivation of Liberty Safeguards (DoLS), these were being applied for two people using the service.

People said there were enough staff to provide the care and support they needed. Staff were supervised and supported to deliver an effective service.

Staff demonstrated a good knowledge of people's care and support needs, they were familiar with their relatives, and knew their daily routines and preferences.

Staff supported people in a way that promoted their independence and community involvement. People lived meaningful lives of their choosing and received the support needed to pursue their interests.

Risks to individuals were managed so that people were protected and their freedom was supported and respected. People trusted staff and felt safe using the service. The systems in place helped identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The home acted promptly and appropriately to any issues of concern, and cooperated with other agencies in addressing issues.

Recruitment procedures were robust, so that people were cared for and supported by suitably qualified and skilled staff. People using the service were involved in the recruitment and selection of staff.

The service had clear leadership. The quality of the service was monitored closely, and the outcome of quality reviews was used to improve the service where needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People who used the service told us they felt safe. Risks to individuals were managed so that people were protected and their freedom was supported and respected. Staff received specific training from health professionals on how to respond to individuals, they used this knowledge effectively to protect people.

People told us they trusted staff. Recruitment procedures were robust, only suitably vetted staff were employed. Staff had received training to meet the needs of the people living at the service.

The service had taken reasonable steps to identify the possibility of abuse, prevent abuse from happening, and to respond appropriately to any allegation of abuse. The service focused on improvement, it had systems to monitor safety, incidents and events, and used learning from events to improve.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The home had proper policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Relevant staff had been trained to understand when an application should be made, and how to submit one.

Are services effective?

People who used the service told us they got the help and support they needed. They were involved in the assessment and decision making process about their care where possible. Some of the people who used the service were supported by an independent advocate or a relative.

Support plans were sufficiently detailed to inform staff, they covered people's health, social, personal care needs and behavioural needs holistically. Support and care arrangements were in place that met individual needs; these plans were reviewed frequently if people's needs changed.

Staff felt supported by management team; they received on-going support and supervision from their manager or deputy manager.

Are services caring?

People felt staff were kind and thoughtful and related well to their individual needs. People said that staff asked them about how they

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wanted to receive their care and their views were respected. People's preferences were recorded on their support plans, which meant staff had the information to help them act in line with people's wishes.

People's diverse needs were understood and supported. Staff had caring and positive relationships with people using the service.

People's care and treatment reflected relevant research and guidance. For example, the National Autistic Society's framework was used by staff to help them deliver an effective service, and provided a framework for understanding and responding to the needs of adults on the autism spectrum. People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. People's personal planning books were presented in Easy Read format to help them understand the information in their care plan easily.

Are services responsive to people's needs?

Staff adopted an individualised approach, and people received care and support that was responsive to their needs and preferences. The service responded quickly when people needed extra support from health professionals, and their recommendations were followed by staff.

People told of feeling supported in expressing their views and of being actively involved in making decisions about their care and support. Staff recognised the right of the person to refuse care or to change their mind and to make decisions for themselves.

People felt they did not get bored at Albany House as there was plenty to do; people had access to activities that were important to them, and received support from staff to do this safely.

People were supported to maintain relationships with those who were important to them.

Are services well-led?

The service was well led; management arrangements provided clear direction and leadership. The

provider had a system in place to regularly assess and monitor the quality of service people received, any shortfalls highlighted were addressed.

People who use the service, their representatives and staff were asked for their views about their care and they were acted on. There

Summary of findings

were monthly meetings where people could discuss the running of the home and put forward their ideas for improvements. The management team worked with other organisations to ensure they were following best practice in supporting people.

Summary of findings

What people who use the service and those that matter to them say

We spoke with six people who use the service, and four of their relatives.

People told us they liked the staff and felt safe using the service. They liked having staff they could trust and who would listen to any concerns they had. Since each person had their own named support worker people told us they felt this worked well.

A person using the service said, "the support worker that helps me is lovely and kind, and seems to know about things that I find hard to do."

Another person we talked with had progressed well since coming to live at the home, they said; "I like living here, in my earlier life before Albany House things were not as pleasant for me."

People were offered choices about activities, and about what to eat. Staff were patient and waited for people to make their choices, without rushing them.

A person told us they liked what Albany House offered and said, "I like my food here, we have the meals we like."

Family members were positive about the service, they felt reassured by the service and were confident their relatives were safely cared for and had opportunities to achieve more independence.

A parent we spoke with told of their involvement in their relative's support needs, they said "we share with staff important things that are happening within the family, this helps the home to understand some of the issues that may make our relative anxious, and it enables staff deliver effective support."

A relative we spoke with commented on staff and their kindness, they said they had seen their family member respond well to the caring environment and had taken "small but significant steps forward" since moving to Albany House.

Albany 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 was planned to check whether the provider is meeting the legal requirements of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services.

The inspection visit was unannounced; the inspection team was composed of the lead inspector and an Expert by Experience in learning disability services.

This service was last inspected in April 2013, and it was found to meet all regulations.

During the inspection visit we met with all the six people living in Albany House. We had one to one discussions with

four of the people living there. We heard about how they liked to live their lives, and how staff enabled them do this. We viewed the communal areas, two of the people using the service invited us to look at their bedrooms.

We observed how people were supported throughout the day. We looked at care records including support plans for two people. We used pathway tracking to review the care.

We observed the activities carried out by those working in the home and spoke individually with three staff and the registered manager. We looked at information submitted by the provider and we used this information after the inspection to help us complete our findings.

We contacted family members which included the relatives of four people using the service. We also contacted external health professionals involved with people using the service; we spoke with a consultant psychiatrist, a clinical psychologist a speech and language therapist, two social workers.

Are services safe?

Our findings

The service promoted safe practice and people were protected through the staffing arrangements at the home, and also when people accessed the community. People had suitable numbers of appropriately trained staff on duty over twenty four hour periods to provide the care and support people needed. A person told us they felt safe, they said, "I can talk to X or my mum, there is always someone on duty and available to talk to."

We looked at staffing rotas for the last two months. Staffing levels were seen to be consistent and met the needs and expectations of people using the service. People told us they had enough staff to care for them, and they were able to go out in the community too when they wanted to due to staff support. A relative we spoke with told us they were pleased with staffing resources, they said "staff understand if my relative is not getting suitable stimulation they become bored and disruptive, and this leads to incidents, and thankfully staff are always taking them out."

A member of the management team was available on call in case of emergencies.

We looked at staff records for two new staff employed at the home; recruitment procedures for both new staff included an application and interview and , pre-employment checks, including Disclosure and Barring Service (DBS) checks. The home had robust recruitment and selection processes, and took the necessary steps to minimise the risk of employing unsuitable staff.

The premises were safe, clean and hygienic. We looked at records of servicing and maintenance agreements held, and these were at frequent intervals to check if the premises were maintained safely. The equipment was well maintained and serviced regularly therefore not putting people at unnecessary risk.

The service showed examples of how it helped protect people's human rights. Staff demonstrated in discussions their knowledge and values, they respected diversity and were proactive in preventing discrimination. People using the service were provided with information about how to keep themselves safe in a format they understood. For example, each person was given a guide about promoting

healthy relationships as well as an information leaflet about reporting disability hate crimes; these were provided to each person in an easy read format. Posters were on display highlighting issues regarding these crimes.

The service took appropriate steps to identify the possibility of abuse and prevent abuse from happening. Safeguarding procedures were robust and staff we spoke with understood how to safeguard people they supported, they attended frequent training and had their practice observed by senior staff. Staff told us they felt supported by management and were aware of Whistleblowing procedures. Our records and information received from social workers confirmed there were no concerns about people using the service.

We looked at the information received from the home in the past year. Local authorities have been alerted when incidents have involved people using the service, and some incidents of challenging episodes resulted in informing social services and the safeguarding team. The provider responded appropriately to incidents, or any allegation. Records showed the provider had investigated and taken action in response to incidents to ensure people were safeguarded against the risks of abuse. We also saw that tools were used such as a body map completed every day for each person using the service. (A body map is a diagram used to record any bodily injury appearing on a person, such as a bruise or scratch).

Health and social care professionals told us the home had dealt with incidents appropriately and protection plans were put into place, which reduced the risk of similar incidences reoccurring.

The provider worked pro-actively with other agencies to make sure safeguarding procedures were followed and people were protected from possible abuse. People we spoke with told of feeling safe, and we observed they had developed positive relationships with staff that supported them. People told us they trusted staff and felt safe using the service. One person said; "I like living here, my earlier life before Albany House was less pleasant." Risk assessments showed these were continually updated and risks were minimised through support arrangements. This helped to reduce the risk of harm.

Risks to individuals were managed so that people were protected but their freedom was supported and respected. Each person had a support plan with detailed behavioural

Are services safe?

guidelines, the plans also held a description of the behaviour of concern and details of the triggers. This information helped to inform staff and ensure they adopted the correct approach and followed the processes recommended.

Staff demonstrated they understood each person's behaviour and knew how to protect them from the risk of harm. They were familiar with triggers such as noise and crowds, they used this information to help individuals plan their day's activities. This information was recorded on risk assessments and support records. We saw how staff used imaginative ways of managing risk, especially with community activities when supporting people to be safe yet lead a meaningful life. One of the people using the service had a keen interest in transport systems, staff had developed a method to aid the person pursuing this while minimising the risks presented.

We saw that risk assessments and management plans were in place for people based on guidelines from health professionals. A clinical psychologist involved with people using the service attended the home to train staff on supporting individuals who had behaviour that challenged. We observed staff using the professional guidelines in how they delivered day to day support.

The support arrangements were to be kept up to date, which ensured the risks to people were minimised and a consistent approach was adopted to respond to episodes of challenging behaviours. Staff told us of specific training from health professionals which helped them understand individual's behaviour and how to respond appropriately, and it helped to protect them from the risk of harm to themselves and from other people using the service. We observed an example of staff managing a situation in an effective and positive way which protected the dignity of the person.

Care records included recommendations from health and social care professionals. Care records were maintained detailing health and wellbeing, progress, any crisis, or setbacks. This information was shared at staff handover when shifts changed. This ensured staff were fully briefed on any new risk.

We observed staff used risk assessment guidance and supporting information appropriately to de-escalate a situation. One person arrived home from attending an external event, they had a few moments of difficulty

adjusting and transitioning back to the home. The manager and two staff members were able to support this difficulty calmly and in a way that minimised distress for others present. The service had a policy of no restraint. The manager and staff confirmed no restraint was used in the home.

Most feedback received from people using the service, and their relatives about the safety of the service described it as "good" "reliable", with suitable numbers of trained staff available to meet the needs of people safely. We observed short term absences were covered; the home had employed regular bank support workers who worked at short notice when a member of staff was unable to work. This ensured people were supported by staff familiar to them and helped make people feel safe in the home.

Arrangements were in place to obtain consent to care and act in people's best interests. Staff completed capacity assessments for people admitted to the home, and kept under review. Best interests meetings were held for people who did not have the capacity to make decisions. We saw examples of a best interest meeting held regarding a person's best interests on the use of (camera) in their bedroom. The service made sure the right professionals and relatives were involved in taking decisions to make sure make sure they were in the person's best interests.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The home had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Relevant staff had been trained to understand when an application should be made, and in how to submit one.

We saw a Deprivation of Liberty Safeguards (DoLS) checklist was used by staff to help them determine whether or not measures needed to restrict a person from leaving the premises for their safety constituted a deprivation of their liberty. The records we saw during the inspection confirmed no applications had needed to be submitted up to the time of the inspection; however we were informed after the inspection visit that applications for two people were submitted by the manager. A consultant psychiatrist we spoke to confirmed they had completed an assessment for a Deprivation of Liberty Safeguard for two people in the home. This meant the service was acting in accordance with legal requirements.

Are services safe?

An information leaflet about DoLS in Easy Read format was given to people using the service to help them understand these safeguards.

Are services effective?

(for example, treatment is effective)

Our findings

People expressed their views and were involved in making decisions about their care. We saw people had signed their plan where possible; there was evidence of relatives working together with staff on support plans. We also saw during this inspection how staff supported people make choices about how they liked to spend their time, for example and they asked them about what would they like to do later on in the day.

Support plans were in place for all six people. We looked at care documents for two people, these had information recorded that confirmed their input including expressions about their preferred daytime routine. For one of the people their comments were included about the time spent on leisure activities. One of the support plans was for a person who was less able to assert their views, the information included comments made by their relatives. We spoke with the relative involved, they said "I am consulted about my relative's care, I attend meetings and talk with staff, the service is very good, and most important is that they are happy at Albany House and well cared for."

Four of the people were supported by staff to attend hospital and GP appointments. Family members (parents) supported the other two people for health appointments. Records of the medical appointments and of the advice given were recorded in the person's health records. People who used the service told us that they were aware of records about their care, and told of staff explaining "things" to them. A person using the service told us they got support from staff to see health professionals and had check-ups when they needed, they said "yes the doctor is good, he listens to me."

Staff maintained important records of incidents such as seizure and behaviour charts, these records were used in meetings with professionals, and when the doctor reviewed people's medicines. Reports were made detailing events prior to an incident, these were used to inform staff and help them recognise triggers or early warning signs. We saw that professionals from the community health team were involved; these included the speech and language therapist, the consultant psychiatrist, the clinical psychologist. Two of the health professionals involved told us staff took on board the recommendations they provided for people in the home and reflected well their training and

competence in practice. One health professional told us of difficulties that were historic (more than twelve months ago) they commented that people using the service had experienced more positive outcomes in recent months.

A parent told us of their involvement in their relatives support needs, they said "we share with staff important things that are happening within the family, this helps the home to understand some of the issues that may make our relative anxious, and it enables them deliver effective support." The manager told us a communication book was introduced for people who went to stay with family for short breaks. This helped clearer communication between staff and relatives about all events including incidents or accidents, or any changes noted in individual conditions.

The service user guide provided information about the service in easy read format including, for example, the support on offer, the facilities provided by the home, people's rights and responsibilities, and how to make a complaint. People also had access to the local authority's advocacy service.

People were supported in promoting their independence and community involvement. People's personal support plans showed what assistance was necessary to support them in becoming more independent, for example in activities of daily living such as laundry and cooking. One person went to a day centre, on return they expressed how much enjoyment they got from this activity.

People were also being supported to go to college or gain work experience, to go shopping, and to participate in social activities such as clubs and a disco.

Three of the people using the service went to a local shopping centre for the afternoon using public transport; they were supported by two members of staff. When they returned they were high spirited and told us they had enjoyed the afternoon, and also bought fruit and vegetables from the market.

Staff said they felt they were suitably trained for their role and felt supported in the workplace, they told us about the training and supervision arrangements. Two of the staff we interviewed had joined the staff team in the past six months. They told us of the mentorship provided by senior staff which worked well. All of them had a full induction

Are services effective?

(for example, treatment is effective)

initially and received mandatory training in the first month; they completed training in challenging behaviour, and autism, and were assessed as competent to administer medication following medication training.

One of the staff we spoke with was assigned to work with a person of a similar age, this had worked well and as a result they had developed an effective working relationship with the person. Another staff member interviewed worked at the home for three years, they told of the training opportunities and described them as "excellent." The

person told of the knowledge and skills developed and the understanding gained of people's needs. They gave examples of positive outcomes experienced by people, they said "for example one of the people in the home was terrified of going out in the community when they came here, but as a result of staff support the person became much calmer and now enjoys going out, we have also helped them establish contact with a surviving family member."

Are services caring?

Our findings

People who used the service, their relatives, and other people who had contact with the service were positive about the way staff treated them. We observed people were supported by kind and attentive staff, staff were patient and gave their undivided attention to people when providing one to one support.

We saw care was centred on each person living at Albany House. They received support from staff who knew and understood their history, communication needs, likes/dislikes, needs, hopes and goals.. A relative we spoke with commented on staff and their kindness, they said they saw their family member had responded to the caring environment and had taken "small but measurable steps forward" since moving to Albany House.

Staff had a good knowledge of the people they supported; for example they were able to tell us the person's preferred form of address and preferred routines. They used their names respectfully when talking to people. A parent spoken with said, "We are reassured by the caring attitude of staff, my relative is very happy since moving to Albany House, they come home frequently but cannot wait to get back to the home."

We saw that support workers showed patience and understanding; they were respectful and gave encouragement when supporting people. We saw staff were sympathetic and explained calmly to a person the consequence of actions and offered them alternate opportunities they could take, their advice was heeded. This information was documented in the risk assessment and support plan.

People using the service spoke particularly positively about the support their assigned support worker provided, comments such as, "the worker that helps me is lovely and kind, and seems to know what I find hard to do." Another person who lived previously in another care setting elsewhere had started to feel more valued and had shown signs of responding to the caring environment in this home. We saw from records of events and assessments there were clear signs of the progress the person was making and they had begun to respond more positively to staff. We observed an occasion when staff had skilfully negotiated with a person to join a group on a trip out in the community.

We observed how people were supported to maintain their independence, and staff supported people according to their needs. For example we saw that some people were more able to choose their own clothes and dress themselves, others needed more assistance with promoting their choices and personal hygiene. Staff described how they supported safely a person with bathing who experienced seizures; they did this in way that respected the person's privacy. We observed that people were treated in a way that protected their human rights. We saw how staff listened to people and acted on what they said. A relative told us, "I see how staff make people feel valued, and their views matter." We observed many positive interactions between the staff and the people using the service, on each occasion the person's first name was used and acknowledged, and the discussions were friendly.

Staff told us about aspects of the training they received and how this had helped them adopt best practice when offering a person in the home a choice. They said, "we were trained when offering the person choice not to offer initially a choice of more than two items as it could result in triggering anxiety attacks." The majority of people selected their clothes independently out of their wardrobe. We saw that following risk assessments and discussions with two people and their relatives it was agreed they were unable to use the wardrobes safely, and locks were fitted. This meant the home balanced the risk to the person and others in the household while considering an individual's choice.

We saw people being offered choices about activities, and about what to eat. A person who came to the kitchen said "I like my food here; we have the meals we like." We observed staff were patient and waited for people to make their choices, without rushing them. Staff did not interrupt people during conversation but listened carefully to what they said; staff did not enter people's rooms without knocking.

People's diverse needs were understood and supported. People had individualised support plans which were developed and kept under review. Information on areas where more assistance was required was recorded. We observed staff took time to fully explain things to people, and gave them the time needed to respond.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People told us staff responded to their needs and were helpful. Each person using the service received care and support, in accordance with their support plan and risk assessment. A support worker described their response to a person who had recently presented with additional needs due to behaviour changes. They sought advice from the clinical psychologist who had come to the home to see the person. They had assessed the person's needs and recommended the support and response mechanism most effective in a challenging situation. They had also explained and provided training to the staff on the most appropriate response. Support staff we spoke with also reflected on the issues that were important in the lives of people they supported. A staff member said, "we were trained to be responsive to individuals but aware of the impact of unexpected change in routines, any changes have to be tactfully negotiated."

A named support worker was assigned to each person to help them express their views and be actively involved in making decisions about their care, treatment and support. Individuals told of having developed a relationship with the support worker, who assisted them to be actively involved in developing their support plans.

Staff helped people promote positive relationships with family and relatives. Relatives we spoke with told us staff were welcoming, and found them to be helpful when they telephoned the home. A person using the service said the relatives came often to the home, they said, "my dad comes, and my mum too to visit, they talk to staff too", another person said, "Look at my picture of my sister, she rings me too and we keep in touch."

People who used the service told us that they enjoyed life in the home; they liked the activities that were arranged and offered. They had sufficient staff on duty which gave them the support they needed to attend activities and events. We saw on the day of this inspection visit that a group of three people were keen to go out together for the

afternoon to a shopping centre. Two support workers supported them on the journey, and used the bus to get there. All of the people using the service had a Freedom Pass (Free pass for public transport) which staff had helped them apply for. We saw that there was a range of activities offered which people took part in and enjoyed, these helped with promoting their independent living skills. The activities included bus rides, walks in the community to parks, going to places of interest such as museums, and restaurants and clubs. One person attended a day centre four days a week.

Staff told us of a new forum they were pursuing for people at Albany House to engage with, it was called "Think Local Forum" a new initiative locally give disabled people a voice on community services.

People who were in the home were seen engaging with staff, staff responded to requests in a helpful manner, one person was listening to music, and another person was discussing their activities and support arrangements with their support worker. Individuals told us they were offered choice about the décor of their bedroom and colour schemes. A person told us their individual choices were considered and all the bedrooms were redecorated in the past twelve months in their chosen colour.

People using the service told us they were not bored and said they enjoyed participating in leisure and recreational events. The records we saw and reports from people using the service confirmed the service was adapted to meet the needs of people, and responded in a flexible manner. Two of the parents we spoke with told us they would like to see more activities available for people especially in the evening such as attending youth clubs or discos.

We saw the records of monthly one to one sessions, between the named support worker and the person using the service. We saw the content of the discussion included feedback on progress of the person, their participation in activities, and if they enjoyed them, and any complaints.

Are services well-led?

Our findings

People were supported to express their views and were actively involved in making decisions about their care and support. We saw how people using the service were involved in consultations and included in all aspects of their support planning.

People were aware of the complaints system. Records we saw showed people using the service received a complaints form in Easy Read format; this was used to support the meaning of the text to help people understand information easily. There was also an Easy Read leaflet about the Care Quality Commission in the care plans we looked at so that people were made aware of the Commission's role in regulating health and care services. People told us they received support from staff to make a comment or complaint if they needed assistance. Records we looked at showed the home had links with a local independent advocacy service, and an advocate supported a person in the home to ensure their views were heard.

We saw the provider's complaints procedure, this set out how complaints should be investigated and the time frame within which complaints should be acknowledged and responded to. The manager informed us this was used to ensure that complaints were dealt with effectively and in a timely manner. The procedure also provided information about what further action a complainant could take if they were not satisfied with the home's response and set out the role of complaints in helping the service to improve. People we spoke with had no concerns about how the provider responded to complaints.

The service had a registered manager in post who was also responsible for managing three other small care homes in North London and therefore was not present in the home for a number of days in the week. Two relatives commented on this and said, "we feel the home needs more management presence." The manager told us a deputy manager was assigned to manage the home on the other days; the deputy manager was not present on the inspection day. Staff said the management team lead by

example and was available for guidance and support, and management changes had promoted a positive culture in the home. Staff told us the "open door approach" was welcomed by people using the service and by staff as it made management more accessible.

The management team worked with other organisations to ensure they were following best practice in supporting people. The service had a quality assurance process, the provider undertook monthly visits to the home to audit and check service delivery. They talked to the people using the service and the staff on duty and checked the environment. The outcomes of these visits were recorded and reports made available to the staff. Any improvement actions were identified in the reports and followed up at the next provider visit.

The manager shared with us how they evaluated their work as a team, and at staff meeting they discussed "what had gone well and what had gone wrong." There was a strong emphasis on striving to improve the service, the home had made and sustained improvements in the past year. They had worked towards best practice and received accreditation in supporting people with Autism in recognition of their achievement.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw examples of the actions taken by the provider in response to issues raised about individual's views. Monthly in house meetings took place for residents. Outstanding issues as well as follow up actions were reported on at the subsequent meetings. The provider took account of complaints and comments to improve the service.

The service ensured that there were sufficient numbers of suitable staff to meet people's needs, and the needs of people using the service were kept under review, planning staff schedules was directly linked to the dependency levels of people and their daily schedule of events. Staff carried out regular environmental safety checks, the premises and equipment in use had been risk assessed for fire and emergencies.