

MyLife Supported Living Limited

Burbank Mews

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

This inspection took place on 25 and 26 April 2018 and was announced. We gave the provider 48 hours' notice to ensure someone would be available to speak with us and show us records. We contacted family members by telephone on 2 May 2018.

We last inspected the service in April 2017 and rated the service as 'Requires Improvement' overall. We found the provider had breached Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing. This was because training records showed not all staff had completed training relevant to their job role and staff had mixed views whether they had received enough training to perform their job role effectively. During this inspection we found significant improvements in this area and across the service as a whole so the overall rating has improved to 'Good.'

Burbank Mews is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Burbank Mews provides personal care for up to twelve people with a learning disability and/or autistic spectrum disorder in six bungalows. The 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. On the day of our inspection there were seven people using the service.

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

People who used the service appeared comfortable in staff's presence. Relatives told us they were happy with the care provided at Burbank Mews.

Staff had completed training in safeguarding vulnerable adults and understood their responsibilities to report any concerns. Thorough recruitment and selection procedures ensured suitable staff were employed. Risk assessments relating to people's individual care needs and the environment were reviewed regularly. There was a positive approach to risk management.

Medicines were managed safely and administered by staff trained for this role. Each person had an up to date personal emergency evacuation plan (PEEP) which provided staff with information about how to support them to evacuate the building in an emergency situation such as a fire or flood.

Staff training in key areas was up to date. Staff received regular supervisions and appraisals and told us they felt supported.

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 supported this practice. People were supported to have enough to eat and drink and attend appointments with healthcare professionals.

There was a welcoming and homely atmosphere at the service. People were at ease with staff and relatives said staff were kind and caring. Staff respected people's privacy and dignity.

Staff supported people to do the things they enjoyed and also encouraged independence with daily living. Support plans contained clear information about the person's level of independence as well as details of areas where staff support was required. Support plans detailed people's needs and preferences.

There was an effective quality assurance system in place to ensure the quality of the service and drive improvement.

Relatives and staff felt the service was well managed. Staff described the registered manager as approachable and said things had greatly improved within the service.

There was a positive culture and ethos at the service which was driven by the management team. Staff were positive about the service and their contribution to supporting people to lead full and rewarding lives.

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.

Medicines were managed safely and effectively.

Staff knew how to recognise and report abuse.

There were enough staff to make sure people had the care and support they needed.

Risks to people were identified and managed whilst their independence was promoted.

Is the service effective?

Good ●

The service was effective.

People's healthcare needs were monitored and the service liaised with other healthcare professionals where appropriate.

People were encouraged to maintain an active and healthy lifestyle.

Staff training in a range of key and specialist areas was up to date.

Staff received regular supervision and an annual appraisal to support their learning and development.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

Relatives spoke positively about the caring nature of staff.

People had good relationships with staff and were comfortable with them.

Staff members spoke about people with affection.

Is the service responsive?

Good 

The service was responsive.

Care records were detailed in relation to how people preferred and needed to be supported.

People's care needs were reviewed regularly.

Complaints were managed effectively and promptly.

People took part in meaningful activities.

Is the service well-led?

Good 

The service was well-led.

Relatives said the service was well managed.

Staff spoke positively about the registered manager.

There were effective systems in place to monitor the quality of the service.

People's feedback was sought regularly and acted upon.

Burbank Mews

Detailed findings

Background to this inspection

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

This inspection took place on 25 and 26 April 2018 and was announced. We gave the provider 48 hours' notice to ensure someone would be available to speak with us and show us records. The inspection team consisted of one adult social care inspector. We contacted family members by telephone on 2 May 2018.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about so we can monitor the service. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received to inform the planning of our inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we undertook a number of different methods to understand the experiences of people who used the service. Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service so we sought the views of two relatives.

During the visit we observed how people were supported in communal areas. We spoke with the registered manager, a team leader, two senior support workers and five support workers. We also spoke with the provider's wellbeing coach, behaviour lead and chief operating officer. The chief operating officer was the nominated individual for this service. A nominated individual has overall responsibility for supervising the

management of the regulated activity and ensuring the quality of the services provided. We also spoke with a health professional who was visiting the service during our inspection visit.

We viewed a range of care records and records relating to how the service was managed. These included the care records of four people, the medicines records of four people, recruitment records of five staff members and records relating to staff training, supervisions and the management of the service.

Is the service safe?

Our findings

People who lived at Burbank Mews had complex needs which meant they sometimes found it difficult to fully express their views about the service. During the time we spent with people we saw they appeared comfortable in staff's presence. One person we spoke with told us they felt safe and liked living at Burbank Mews.

Relatives told us they were happy with the care provided at Burbank Mews. A relative told us, "[Family member] is really happy and settled which reassures us. We're really happy with the care provided." Another relative said, "[Family member] is always clean and presentable so I'm very happy with the care."

At our last inspection in April 2017 we found medicines were not always managed safely as people's prescribed creams were not always dated on opening. The temperature of the rooms where medicines were stored was not always checked regularly to ensure they were within recommended limits for safe storage and a number of medicine errors had occurred. During this inspection we found improvements in all of these areas.

Medicines including topical creams and ointments were managed safely. Medicine administration records (MAR) we viewed had been completed accurately. We checked these against individual medicine packs which confirmed all administered medicines could be accounted for. This meant people had received their medicines as prescribed and at the right time. Medicines were stored securely and were within the recommended ranges for safe storage. Medicines that are liable to misuse, called controlled drugs, were recorded and stored appropriately. Staff had completed up to date medicines training.

Safeguarding referrals had been made and investigated appropriately. Staff had access to relevant procedures and guidance. Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults and this was updated regularly. Staff understood their safeguarding responsibilities and told us they would have no hesitation in reporting any concerns about the safety or care of people who lived there. Staff said they felt confident the registered manager would deal with safeguarding concerns appropriately. Staff also understood the provider's whistle blowing procedure.

A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Background checks included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people from working with vulnerable people. The provider's policy was to repeat DBS checks every three years.

There were enough staff on duty to meet people's needs promptly and keep them safe. People who used the service had been assessed as needing high levels of staff support to keep them safe. The staffing levels were different in each bungalow depending on people's assessed care needs. For example, one person needed support from two staff members 24 hours a day. Relatives and staff we spoke with said there were enough staff on duty. Each person had a dedicated staff team to ensure continuity wherever possible. The manager

told us agency staff had not been used for several months.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. A recent analysis identified that two people who used the service should be transported to activities separately. This had a positive impact which meant the provider was proactive in terms of reducing the risk of incidents. Appropriate action had been taken in relation to accidents and incidents such as conducting a debrief with the person and monitoring their wellbeing after an incident.

Some people who used the service had been assessed as having behaviours which might challenge themselves or others. Positive behaviour support (PBS) plans were in place which gave staff clear guidance about the triggers they should look out for. These plans also gave staff strategies to follow to reduce the risk of such behaviours occurring or escalating. Staff told us they had received specialist training in this approach and were more confident in dealing with such behaviour as a result. PBS approaches were managed safely.

Records we viewed confirmed that the number of incidents had decreased significantly between June 2017 and December 2017, due to the use of positive behaviour support strategies. This meant this approach was effective.

There were effective risk management systems in place. Risks to people's health and safety were assessed, reviewed and checked by senior staff regularly, so that risks were minimised and people were protected from harm. This meant that staff knew how to support each individual in a safe way, whilst allowing people to maintain their independence. Staff told us there was a positive approach to risk taking and we saw this in practice.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the registered manager regularly. Each person had a personal emergency evacuation plan (PEEP) which contained key information about their individual needs, should they need to be evacuated from the building in an emergency.

Regular planned and preventative maintenance checks and repairs were carried out. These included regular checks on the premises and equipment, such as electrical safety, gas safety and equipment such as wheelchairs. The records of these checks were up to date.

There were effective systems in place to reduce the risk and spread of infection. Cleaning records showed all areas of the service were cleaned regularly. We saw that personal protective equipment such as gloves and aprons were readily available and liquid soap and hand gels were provided. The accommodation was comfortable, clean and decorated to a good standard. There was a pleasant and homely atmosphere at the service.

Is the service effective?

Our findings

During our last inspection visit in April 2017 we found the provider had breached Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing. This was because training records showed not all staff had completed training relevant to their job role and staff had mixed views whether they had received enough training to perform their job role effectively. We asked the provider to take action to make improvements. During this inspection we found significant improvements in this area which meant the provider was now meeting this regulation.

People who used the service received effective care and support from well trained and well supported staff. Relatives we spoke with said staff knew how to care for people appropriately.

Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely such as health and safety, food hygiene and equality and diversity. Additional training was provided for staff when required or if staff had requested it. Staff told us and records confirmed they received bespoke training which focused on the specific needs of individuals who used the service. Staff spoke positively about this person-centred approach and said training had improved since the last inspection visit. Staff said they now felt they had completed enough training relevant to their role which had resulted in them feeling more confident. A staff member commented, "Staff confidence has improved massively which has led to more consistency and resulted in a reduction in people's behaviours." Another staff member said, "There is lots more training available now than there used to be."

Staff received regular supervisions and an annual appraisal. The purpose of supervision was to promote best practice and offer staff support. Supervision records were detailed and relevant. Staff told us they felt supported and valued by the management team. The registered manager said, "We've worked with staff to improve their confidence by giving bespoke training."

The Mental Capacity Act 2005 (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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that DoLS applications had been made and authorised for all seven people by the relevant local authorities. DoLS applications contained details of people's individual needs and were person-centred. Staff members had a good understanding of this legislation and records showed decisions had been made in people's best interests in conjunction with people's family members, staff members and professionals. This included decisions about taking medicines and medical treatment. Staff told us how they involved people to

make their own decisions where possible, for example when choosing how to spend their time or where to go on holiday. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. This meant the service was meeting the requirements of the MCA.

People were encouraged to maintain a balanced diet and to have enough to eat and drink. People's food and fluid intake was recorded where appropriate and people's weight was checked regularly. Each person had a health and wellbeing plan which set out how staff could support people to keep active and eat a balanced diet. For example, we saw how one person had lost weight as a result of this approach.

People were supported to maintain good health. The service had close links with healthcare professionals such as GPs, occupational therapists and community nurses. People's care records contained evidence of consultation with professionals and recommendations for staff to follow.

The service had considered good practice guidelines when managing people's health needs. For example, we saw people had hospital passports in place. Hospital passports are documents which promote communication between health professionals and people who cannot always communicate for themselves. They contained clear directions as to how to support a person and included information about a person's needs in a variety of areas. This meant other health professionals had information about individuals care needs to ensure the right care or treatment was provided.

The service consisted of six adjacent bungalows each with its own entrance and garden. The bungalows were located in a residential area with good access to public transport and community facilities. The design of the premises was appropriate for the people who lived there. Corridors and communal areas were spacious to accommodate people who used mobility equipment.

Is the service caring?

Our findings

People were relaxed, smiling and comfortable in the presence of staff. Staff engaged with people in a caring and relaxed way. For example, we saw staff speaking with people at the same level and using appropriate touch and humour.

One person told us, "I like the staff and I like living here." This person referred to one staff member in particular as their "friend" which indicated the closeness of their relationship.

Relatives spoke positively about the service and staff. A relative commented, "The staff are nice. They are affectionate with [family member] which is what they need. I think the service is amazing and lovely and I've complimented staff on this." Another relative said, "The staff are really nice, so kind, caring and respectful. They treat the place like [family member's] home which is how it should be. I get on well with the staff."

People were supported by staff who knew them well. Staff we spoke with knew people's individual needs and preferences and how to meet them. For example, staff told us what hobbies people had and what they liked to eat. We saw staff treated each person as an individual and respected their wishes.

Staff had a good understanding of protecting and respecting people's human rights. All staff had received training which included guidance in equality and diversity. Staff described the importance of promoting each individual's distinctiveness and supporting people to lead as full lives as possible. There was a sensitive and caring approach which was underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

Staff members spoke about people with affection and proudly told us what people had achieved since the last inspection visit, particularly in relation to daily living skills and participating in new activities. For example, staff told us how one person was now able to do their laundry and how another person was able to go to a large supermarket with staff support, which they had not been able to do before. This showed us staff promoted and valued people taking steps to become more independent.

People living at the home looked well-presented and cared for and staff treated them with dignity and respect. Staff respected people's privacy and dignity by closing doors when providing personal care and speaking to people about things discreetly.

The provider had recently held a poster competition to mark 'Dignity Action Day.' Staff told us how this had helped one person's understanding of dignity in particular.

Staff supported people to express their views in line with people's individual communication support plans. Family members and community nurses were sometimes involved in this. The registered manager was keen to explore assistive technology to expand in this area. Inspector advised of good app they'd seen work well in similar services.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving support had a learning disability and varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear information explaining how people needed to be supported to express themselves. We saw that people had access to information such as a 'service user welcome pack' (an information booklet that people received on admission) which contained key information about the service and how to make a complaint in alternative formats.

Information about advocacy support from external agencies was available. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. Some people who used the service had an advocate; other people had family members to advocate on their behalf.

The registered manager had received six compliments in the past year. Comments included, 'I've never seen [family member] look so happy. Staff had made a brilliant effort in arranging their birthday party' and 'It was so satisfying to see and hear [family member] so full of fun.'

Is the service responsive?

Our findings

Staff demonstrated a good understanding of people who used the service and were effective at responding to people's needs, particularly when they changed. For example, staff described how waiting in a restaurant caused anxiety for one person so staff thought carefully about where to go for a meal to minimise this. A health professional who was visiting the service during our inspection visit told us, "Staff are responsive when people's needs change which can sometimes happen quickly."

People's care and support needs were assessed in a number of areas before they started using the service. This included people's needs in relation to medicines, eating and drinking, personal care and communication. Where a support need was identified a plan was written based on how people wanted and needed to be supported. For example, one person's care plan set out in detail how they needed to receive support to eat and what meals they preferred.

Care plans were detailed and personalised and contained risk assessments which were detailed and specific to the individual. They contained clear information about the person's level of independence as well as details of areas where support from staff was required. Each person had a 'one page profile' which provided a person-centred snapshot about the individual for staff to refer to. This meant staff had access to key information about how to support people in the right way.

People's care plans also contained personal details such as their life history, hobbies and interests and their likes and dislikes. This helped staff to help understand what was important to the person. Staff told us about people's life histories and preferences which they said helped them to provide personalised support and helped them get to know people better.

Records showed care plans were reviewed by staff regularly or when a person's needs changed. Relatives told us they were invited to attend care review meetings, although it was sometimes difficult for them to attend these due to other commitments.

Relatives told us how their family members had progressed since living at the service. One relative said, "[Family member] has come on a lot. They can do more things for themselves now such as their washing which is great to see." Staff told us how one person was now able to walk again after staff supported them with daily physiotherapy exercises.

Each person had SMART targets or goals to work towards. SMART (specific, measurable, achievable, realistic and timely) targets are a way of setting goals for people to work towards. Care records contained good descriptions of what people's goals were, what steps needed to be taken and a target date for completion. People's goals were reviewed frequently. This meant staff could support people to develop their potential and achieve their goals such as doing the ironing or laundry. As a result of people having these targets we found they had made good progress particularly with independent living skills.

Two people who used the service had been involved in staff recruitment. They had devised their own

interview questions and put these to prospective staff members. For example, one person asked what prospective staff knew about a particular medical condition and what their interests were. This meant people were involved in the running of the service where possible.

People were supported to take part in meaningful activities and access the local community. Since the last inspection the provider had recruited an activities co-ordinator to arrange events and increase the range of activities available to people. The activities co-ordinator spoke enthusiastically about their role and their plans to further develop the activities programme with input from people who used the service. Each person had an individual activities timetable which staff said was flexible due to changes in people's needs. Activities included arts and crafts, shopping, going to football matches, going to concerts and discos, trips out to the seaside, using a sensory room, Easter egg competitions and parties to mark occasions such as bonfire night and Christmas.

Relatives we spoke with were happy with the range of activities on offer. One relative told us, "I'm really happy with the activities [family member] does. They've got a better social life than me which is great."

One person told us how staff had supported them to volunteer with a local charity. This person told us, "I've got a job now and I love it." A staff member told us, "I can see how this has had a really positive impact on [person's] self-esteem."

People were supported to maintain relationships with friends and family members. One person told us how their family lived some distance away but staff supported them to maintain regular contact through telephone calls in between visits.

Staff told us how a 'Come Dine With Me' event had been held over several weeks, with each person taking their turn to host an evening meal with staff support. Each week was a different cuisine such as Thai or Italian and each person gave a score. People's religious and dietary requirements were respected and alternatives were made which made people feel included. Staff told us what a great success this event had been. One staff member said, "People loved trying new food and interacting with each other." Staff told us how much people had enjoyed this and how they planned to do more events like this to meet people's social needs. A staff member told us, "We now encourage more social interaction between the bungalows." We noted that a 'Great Burbank Bake Off' event was arranged for the coming weeks.

The provider had a complaints procedure in place and relatives told us they knew how to make a complaint if necessary. Relatives told us they had confidence any issues would be dealt with promptly and appropriately. People said they would speak with the registered manager or a member of staff if they felt something was wrong. We reviewed complaints records and saw that complaints received by the service since our previous inspection had been dealt with effectively and promptly.

There was no one currently at the service who was receiving end of life care. The registered manager told us that where possible, they would have conversations with people regarding their wishes for end of life care and information gathered would be kept under review.

Is the service well-led?

Our findings

At our last inspection visit the provider's chief operating officer was overseeing the management of the service until the registered manager took up their post in April 2017. The registered manager told us, "We've had a lot of work to do but things have definitely improved."

We were assisted throughout the inspection by the registered manager, the provider's chief operating officer and a team leader. All records we requested to view were produced promptly.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the CQC when required in relation to significant events that had occurred in the home.

Relatives we spoke with felt the service was well managed. One relative told us, "[Registered manager] is always nice and friendly. I've got their phone number and I know I can ring them at any time."

Staff spoke positively about the registered manager and the provider's chief operating officer. Staff we spoke with told us how much things had improved over the last year. Staff told us the culture of the home was focused on supporting people and always looking for ways to improve. A staff member commented, "[Registered manager] and [chief operating officer] have always focused on the people we support. They put people's needs at the centre of everything. We are where we are today thanks to [chief operating officer] and [registered manager], They're both fantastic. They're always on site or at the end of the phone to provide support. They've both totally tuned the place round. The service has improved 100% and people's lives are so much better. It's a joy to work here now, I love it."

Other comments from staff included: "Staff morale has very much improved. We're much more of a team now. Each person who lives here has a core staff team and we've got relationships with the people we support. We take advice off each other and we're so much happier now," "Things have improved a lot. [Registered manager] is approachable and lovely," "[Registered manager] is lovely and they do a great job. The company as a whole has improved. It's so much more organised and less stressful now" and "It's taken time but things are definitely better. Staff morale has improved which means things are better for the people we support. We're like a big family now. I love coming to work. All the changes have made it a lovely place to work and we support each other."

Several staff members visited the service during our visit even though it was their day off. They told us they wanted us to know how much things had improved. It was clear from our conversations with staff that morale had improved and they were working better as a team.

A health professional who was visiting the service during our inspection visit told us, "There have been lots of improvements. Staff are more positive and are interacting with people well. Staff are more confident and there's a clear management structure now. Staff have worked hard and achieved a lot. It's very good here

now."

Feedback from people, relatives, professionals and staff had been sought via a satisfaction survey. The results of the most recent survey in October 2017 were positive although some staff said they did not feel valued. The provider took action to address this by introducing an 'employee of the month' award. An awards ceremony had recently taken place, and the registered manager told us how they planned to make this an annual event. Staff we spoke with told us this had made them feel more valued.

People's views were sought via regular 'PEOPLE@My Life' (personal, empowering, opportunities, positivity, living and engagement) meetings. Records showed a variety of topics were discussed, including activities, and minutes of these meetings were available in picture format which was more accessible for some people.

People were supported to access the local community, particularly the local authority's Centre for Independent Living which was next door to the service. Staff told us how they planned to develop this further for the benefit of people who used the service.

Staff meetings were held regularly where all aspects of the service were discussed, for example people's support plans, rotas, safeguarding and health and safety. Staff told us they felt able to raise any concerns at these meetings or at any time. Minutes of staff meetings were taken so staff not on duty could read them later.

The registered manager told us about a range of quality checks they carried out to monitor the quality of the service. These included monitoring care records, medicine audits and health and safety checks around the service. Records showed that these checks were carried out on a regular basis and where they had highlighted areas for improvement, these were addressed quickly. This meant audits were effective in identifying and generating improvements.

There was a positive culture and ethos at the service which was driven by the management team. They were clear that the aim of the service was the wellbeing of the people they supported. Staff took pride in telling us they treated each person as an individual and we saw this in practice.