

JME Care LTD

# Beechcroft House

## 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 visit of Beechcroft House took place on 19 February 2016 and was unannounced. We subsequently carried out a further inspection visit on 23 February 2016 which was announced, to enable us to meet the people living in supported living arrangements in their own homes and was in consideration of their needs and to ensure they would be available.

At the time of our inspection the service was supporting 3 people to live at Beechcroft House and providing personal care for 11 people living in their own homes under supported living arrangements.

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

People were protected from harm by staff who had received training on how to recognise and report issues of potential abuse. Staff had been safely recruited and checks had been carried out to ensure they were suitable to work with vulnerable people.

A range of training had been provided to ensure staff were able to safely carry out their roles. Staff completed an induction to the service and received on-going support and supervision to help support and develop their roles. Risks to people were assessed and management plans developed from these to ensure staff had information and knew how to support people safely. Staff knew how to administer medicines safely. Medication Administration Records (MARs) had been completed accurately.

Positive relationships existed between people who used the service and staff. Staff interacted positively with people and involved them in making decisions about their lives, to ensure they were happy with how their support was delivered. The service provided care and support to people to enable them to live fulfilled and meaningful lives. People's support was very flexibly delivered to enable their individual needs to be met in a highly personalised way. People told us that staff treated them with kindness, dignity and respect at all times. Staff understood people's individual needs well and supported them responsively to ensure they were able to develop their skills and achieve as much independence as was possible.

There was complaints policy to enable people's concerns to be addressed and followed up when this was required. People were able to contribute their views and action was taken from feedback received, together with use satisfaction surveys to help the service improve and develop.

The registered manager understood their responsibilities and had extensive knowledge and experience to run the service. The registered manager demonstrated a strong value base and a desire to learn about and implement best practice throughout the service. Staff were very highly motivated and proud of the service

which had an open and supportive culture. The service had developed and sustained outstandingly close links with external agencies to ensure people were able to transition smoothly between services and enable their individual needs to be met in a joined up way.

A quality monitoring system was in place to enable the quality of service delivered to be assured and enable improvements to be made. The registered manager and staff team demonstrated passion and commitment to providing the best care possible for people and celebrated their individual and personal achievements.

## 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 had been safely recruited and had been trained to ensure they knew how to safeguard people from harm.

Risks to people were assessed and regularly reviewed to ensure staff knew how to manage these safely.

Suitable numbers of staff were available to ensure people's needs could be appropriately met.

People received their medicines as prescribed and these were stored, recorded and administered safely in line with current guidance.

### Is the service effective?

Good ●

The service was effective.

People's medical and nutritional needs were appropriately supported and they had access to a range of health care professionals.

People were supported by staff who received a range of training that was relevant for their role.

Staff completed an induction and received on-going support and supervision to ensure they were aware of their roles and responsibilities.

People were involved in making decisions and choices about their support. Staff followed the principles of the Mental Capacity Act 2005 and held best interest meetings to discuss options for people.

### Is the service caring?

Good ●

The service was caring.

People's dignity was upheld by staff who ensured their individual choices were respected.

Staff interactions with people were open and friendly whilst being considerate of their needs.

Staff demonstrated patience and encouragement to help support people to understand what was being said.

Confidential information about people was securely stored.

### Is the service responsive?

Good ●

The service was highly responsive to people's individual and changing needs.

People received a service that was extremely personalised and was flexibly based and focussed on their needs and wishes.

People were supported to develop their independence and were involved in making decisions and choices to ensure they were able to live fulfilled lives.

There was a complaint procedure in place to enable people's concerns to be addressed and where possible resolved.

### Is the service well-led?

Good ●

The service was well led.

There was a quality assurance system in place to highlight shortfalls and to make improvement to the service when this was required.

Staff were positive about management and enjoyed their work.

The service had an open and learning culture.

People were encouraged to provide feedback about the support they received.

The service worked extremely closely with external agencies to ensure people's changing needs could be met.

# Beechcroft 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 registered 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.

The inspection of Beechcroft House took place on 19 February 2016 was unannounced. We subsequently carried out a further inspection on 23 February 2016 which was announced. This was to enable us to meet the people living in supported living arrangements in their own homes and was in consideration of their needs and to ensure they would be available. The inspection team consisted of an adult social care inspector, who was accompanied by two members of the local community team for learning disabilities on the second day of the inspection.

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 checked our records to see what notifications had been sent to us by the registered provider. This showed us how they had responded to accidents and incidents that affected the people who used the service.

The local authority safeguarding and performance teams were contacted prior to the inspection, to ask them for their views on the service and whether they had any on-going concerns.

We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spent time observing the interactions between the people who used the service, staff and a relative who was visiting a person in a supported living service. Five people who used the service were spoken with, together with two relatives following our visit. We spoke with five members of staff, including the registered manager. Professional staff in the community who commissioned the service, were also spoken with.

We looked at three care files which belonged to people who used the service and other important documentation relating to people who used the service. These included, medication administration records (MARs) and accident and incident records. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management, cleaning schedules and maintenance of equipment records. We also undertook a tour of the service.

# Is the service safe?

## Our findings

People told us they felt safe with the staff and enjoyed using the service. We observed interactions were positive between staff and people who used the service. People appeared very comfortable and relaxed and we observed light hearted communication and smiling faces. One person in supported living said, "I definitely feel safe, I can talk to my support worker when I need help to make a plan." They went on to tell us they had previously lived on their own in the community but didn't like it as they got disorientated and bored and put themselves at risk.

Three relatives told us their family members had developed confidence and had progressed since using the service. One told us their relative had recently been on a holiday and an aeroplane for the first time in over fifty years. They said their family member was, "Always happy to return to the service following visits" to see them and that they, "Always looked clean and well looked after." Another relative told us, "I worry, but know he's safe and that staff help with him with his medication, it's like a family."

We found appropriate recruitment procedures had been followed before offers of employment were made to ensure new staff did not pose an identified risk to people who used the service. We saw these included checks of their personal identity and past work experience, references being followed up and enhanced clearance from the Disclosure and Barring Service (DBS.)

There was evidence a range of assessments about known risks to people were carried out for people to ensure support staff knew how keep them safe from harm. We saw these included risk management assessments for issues such as personal care, mobility, moving and handling, communication and medication, together with extensive details about the management of their medical conditions where required. We found people's risk assessments were reviewed and evaluated on a regular basis and that changes in their assessed needs were incorporated into their individual plans of support.

We saw that training in relation to the protection of vulnerable adults and children was provided to staff as part of their induction to the service. We found this was updated annually to ensure staff knew how to report issues of potential concern. There were safeguarding procedures in place that were aligned with the local authority's guidance about this. Staff were familiar with the different forms of abuse and clear about their responsibilities in this regard. They told us about their duty to 'blow the whistle' about any concerns or incidents of poor practice, but were confident that appropriate action would be taken by the registered manager if this was required. We were told about recent training that had been provided to ensure staff knew how to safely manage changing behaviours of people who may challenge the service and others. There was evidence that systems were in place for analysing and recording incidents and accidents to enable the service to learn and develop. The registered manager told us however that accidents within the service were minimal. The local authority advised there were no on-going safeguarding issues at the time of this inspection and had no concerns about the service in this regard.

The needs of people who used the service were assessed at the time they began using the service to ensure it was able to support their needs. We found information was maintained to enable the quality of the service



to be appropriately monitored and ensure support was delivered by appropriate numbers of staff with the skills needed to meet people's needs.

A nurse in the community team for people with learning disabilities was positive about the service. They told us, "There is a mix of staff both male and female; however there is always a male member of staff on duty. There is a good mix of experience and age range among the staff who are up to date with all mandatory training." They went on to say, "I believe that the staff are able to maintain a safe environment for all residents through the development of therapeutic relationships with the clients."

We found that some people who used the service were supported to take their medicines. A person in supported living told us they were learning to be independent and were prompted by staff to take their medicines when it was prescribed. We saw that Medication Administration Records (MARs) were used to record when people had taken or refused their medication. Records had been signed accurately and were up to date. There was evidence that training about the safe use and administration of medicines had been provided to staff before they supported people to take their medicines. Audits of people's medicines were carried out to ensure they were correctly administered and signed for by staff. The registered manager told us that where medicine errors were identified, investigations were completed to minimise them from occurring again and enable the service to learn and improve.

Arrangements were in place to ensure people's environment was kept safe and well maintained. We saw that equipment was appropriately serviced and that a business continuity plan was in place for use in emergency situations, for example; fire and severe weather conditions or breakdowns in essential utilities like water, gas or electricity.

# Is the service effective?

## Our findings

People who used the service told us they were encouraged to be as independent as possible and that staff supported them to develop their skills and ensure their quality of life was promoted. A relative told us, "Staff are very good at looking after his health, they know what they're doing, they are there for him without holding his hand and are pretty good at encouraging him to go out. He enjoys taking the dog for a walk and goes to the shops on his own."

A nurse in the community team for people with learning disabilities told us about a person who had been successfully supported by the service to be placed on a waiting list for urgent major surgery. They commented, "Beechcroft has just successfully supported a client through major surgery and continue to support their recuperation; ensuring they are eating the right foods and taking their medication so they stay well." They went on to say, "All the clients are doing well with the right support in place at this particular time. This support is effective because it is not rigid and will change with the client's needs."

There was a range of training provided to ensure staff had the right skills to meet the assessed needs of people who used the service. Staff training records contained evidence of completed courses on a variety of topics, such as safeguarding vulnerable adults from potential harm, safe handling and the administration of medicines, infection control, moving and handling, emergency first aid, health and safety, communication skills and specific training on the specialist needs of people who used the service. The registered manager told us new staff undertook an induction that was linked to the Care Certificate. (The Care Certificate is a nationally recognised set of standards to ensure health and social care staff have the right skills, knowledge and behaviours to provide compassionate, safe, high quality care and support.) Staff told us this included shadowing more experienced work colleagues, to enable them to get to know people who used the service before they were allowed to start work on their own.

We found staff received supervision and appraisals to enable their performance to be monitored and ensure they had the knowledge and skills to ensure people's health and wellbeing was promoted and were aware of their responsibilities in relation to people's quality of life. On the first day of our inspection a trainer was visiting to help support a member of staff undertake additional nationally recognised qualifications to help them develop their career. Staff told us they enjoyed carrying out their work and about how rewarding it was to see people develop. They told us they were encouraged to undertake external qualifications and there was evidence the service had links with organisations responsible for providing training and sector-specific guidance linked to best practice in leadership and the delivery of care.

People's care plans provided evidence of support to ensure they had access to a range of healthcare professionals, such as GP's and consultants, dentists and opticians. We asked about arrangements in place to ensure people were supported to attend medical appointments and people told us about visits they had made to see one of the people when they had been in hospital recently. The nurse in the community team for people with learning disabilities told us staff liaised closely and involved them when this was required. They told us, "Any changes in a client's presentation with regard to behaviour or mood and they will seek advice." Commenting on this further they stated, "Meetings are attended by management and keyworkers

with all relevant documentation made available, all relevant professionals and family are invited."

Throughout our inspection we observed staff communicating and engaging with people in a friendly and supportive manner to ensure they were in agreement and consented to the support that was provided. We saw assessments of people had been carried out of people's capacity to make informed decisions about their care and support. 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that people's liberty was not being restricted and that the registered manager understood their responsibilities in relation to the MCA.

We observed that staff provided assistance to help people maintain a balanced diet and ensure their nutritional and hydration needs were met. We found that training on nutrition and food hygiene was provided to ensure staff were aware of safe food handling techniques. People who used the service told us they were encouraged and helped to take part in the preparation of their meals and supported to make healthy decisions about what they ate. Commenting on this a person living in supported living told us, "I choose what I want to eat but am sometimes prompted by my support worker to make sure I make sensible choices at times." We saw evidence that people were involved in making decisions about their meals and that these included a range of home cooked meals together with regular Indian or Chinese 'take away' meals at weekends. People's case files contained assessments about their nutritional needs together with staff guidance in relation to the management of their medical conditions; for example diabetes, where this was required.

## Is the service caring?

### Our findings

People who used the service and their relatives were very positive about the service. People told us staff were caring and kind and they enjoyed using the service. We observed people looked comfortable with the staff and were treated with sensitivity for their individual needs and respect. One person in supported living told us they, "Loved their support worker to pieces" and that they were helped to develop new skills.

A relative told us the service had, "Really got the clients at heart" and that their member of family was, "Well looked after." One told us, "He has made good progress, he likes to keep busy and they have helped him get a part time job. Staff support him to develop his independence, whilst providing the supervision he needs, it's a lovely place." Another relative told us, "Everything is fine, it really is. It's like a home; he has his own things and is really comfortable. He is always very clean and has a shower every day; he is able to get out and about and always goes out looking nice. Whenever someone has a birthday, they always make a cake to celebrate it. The relative continued, "He's doing really well. It has been long overdue; we shouldn't have had to wait for this in the past."

A nurse in the community team for people with learning disabilities told us, "All the clients have the benefit of a caring environment which is homely, individualised and person centred. I feel that the staff are very caring and will go that extra mile to ensure that clients are happy; for example one staff member is teaching a client to read using phonics and he is making great progress."

We observed interactions between staff and people were open and friendly whilst being considerate of their needs. There was evidence staff were very familiar and knowledgeable about people's individual preferences and wishes. Information in people's care files demonstrated a personalised approach was adopted in meeting their individual needs.. We found these included details about people's individual preferences and about how their independence should be promoted. This helped staff to understand people's individual needs and support them in their preferred way.

We observed staff demonstrated patience and encouragement to support to people to understand what was being said. Where people had communication difficulties, staff used sign language or gentle touch to help people to understand and express themselves.

People who used the service and their relatives confirmed staff consulted and involved them in making decisions about their support and that consideration was shown by staff for their personal likes and wishes. A person in supported living showed us daily records they were learning to complete on the computer to enable them develop their independence. People told us they encouraged to participate in decisions and contribute to the general running of the home and were supported to develop their skills in daily living. There was evidence a range of information was available to help people know what to expect from the service and who to contact if this was needed which we observed included use of pictures and words to help people understand things.

We observed people looked well cared for and were appropriately dressed in clothes that were clean and

tidy to ensure their personal dignity was respected. People told us staff respected their wishes for privacy when this was required. We observed people's rooms were very neat and tidy, whilst equipped with personal possessions to help people feel at home.

Staff who we spoke with demonstrated a good understanding about the importance of maintaining people's confidentiality and we saw that information about their needs was securely stored. We saw that information about the use advocacy services was available to enable people to have access to independent sources of advice and support if this was required. There was evidence that regular meetings were held with people who used the service and their relatives, to enable their involvement in decisions and provide feedback about the home.

## Is the service responsive?

### Our findings

There was evidence that people who used the service received a very personalised service that was responsive to their changing needs and ensured they were listened to and had their rights and diverse circumstances respected.

People who used the service told us staff provided support that was flexible and focussed on their individual needs and wishes. One person told us they had previously had difficulties living on their own and had moved to a care home, before going through a period of transition with the registered provider and subsequently moving into supported living. They told us, "[Registered manager's name] came and picked me up and took me to start a new life, I was very happy and excited. [Registered manager's name] has helped me through some bad times, I have been helped to acquire life skills and live more independently and have more confidence. I have a fantastic team and have done very well in my supported living."

People and their relatives told us they had no complaints about the service provided and said they would talk to support staff if they had any concerns. Relatives told us the registered provider worked in partnership with them and had confidence any concerns would be appropriately followed up if this was required. One relative told us they had raised a concern in the past with the registered provider and that action was quickly taken by them to resolve this and since then, they had no concerns and were extremely happy with the service.

A policy and procedure was available that gave information about how people could make a complaint to ensure their concerns were acted on and listened to where this was required. We saw this included acknowledgement and response times as well details about what action to take if the complainant was not happy with the outcome of an official complaint that was made. We saw evidence the registered provider took action to follow up concerns that were received and used complaints or feedback as an opportunity for learning and improving the service.

We found a range of assessments were carried out for people at the start of their use of the service, to ensure it was able to meet their needs. Plans of people's individual support were developed from these. We saw people were actively encouraged and regularly consulted about their support, to ensure their wishes and feelings were upheld. There was information recorded in people's personal files about their individual needs, together with details about their personal strengths, interests and aspirations, together with guidance about their individual communication needs where this was required. This enabled staff to support people's preferred daily routines, wishes for independence and self-control. People and their relatives told us that staff listened and acted on their wishes and feelings to ensure their needs were flexibly met. There was evidence the registered provider was proactive and worked to involve them, together with their supporters and a range of multi-disciplinary professionals in a series of depth planning meetings to ensure their support was comprehensively delivered.

We found since the last time the service was inspected in 2014 care plans and risk assessments for people had been redeveloped and updated in consultation with people who used the service. There was evidence

the registered provider had worked in partnership with people about what they wanted their support plans to include and how they wished their support to be delivered to ensure their support plans were personalised and reflected their individual needs. We found the registered provider had introduced an innovative system of paperless recording to demonstrate people's daily activities, using templates and pictures of the week, evidence of weekly meetings and a section where people could record their own personal thoughts where this was possible. One person living in supported living showed us how they contributed to these, using their own computer.

The registered manager told us, "We have service user led bespoke care files in place for each and every client. Positive feedback has been given by the local multi-disciplinary team and other professional agencies regarding their implementation. We have devised a programme to support people who have previously or have requested a move back into supported living and evidenced discussion with client, timescale, positive risk taking (personal time in the community) independent travel, self purchasing of goods and intensifying of budgeting skills and self-help programme."

People's care records contained evidence of assessments about known risks concerning issues such as their emotional and psychological wellbeing, personal health and mobility needs. We found these assessments were reviewed and evaluated on a regular basis to ensure people's health and safety was promoted. Health action plans were included in people's care records that detailed information about their medical needs, together with information for use in emergencies such as admission to hospitals. This helped provide staff with guidance and information about people, together with instructions from professionals. A nurse in the community disabilities team told us the service consistently focused on providing a person centred service and that there were ongoing improvements and the introduction of best practice to develop person centred approaches for the delivery of people's support. They told us, "Staff are responsive to the client's health needs, appointments are kept and they ensure that they seek advice/support when needed."

We saw evidence in one person's files about how staff had engaged with the local hospital team when it was diagnosed their health had been severely compromised and that some of their organs were in failure. We were told how staff had supported this person 3 days a week for a period of over two years to ensure they attended specialist medical treatment for this. We were told this had required a 5.30am start for staff. We found staff and the registered manager had been on call seven days a week for support for possible transplant surgery, and that this had recently resulted in this individual successfully undergoing a major operation for this. The registered manager told us that due to the risks of complications from potential rejection, staff had completed specialist training to enable them to deliver support to ensure this person's medical needs were responsively met. We were told this included training in the administration of complex medications, together with clinical observations and monitoring of blood pressure, heart rate, temperature checks and urine analysis.

There was evidence the service was flexible and responsive to people's individual needs and found ways to enable people to live as full a life as possible. The care file belonging to a person who had previously lived in secure accommodation for a period of almost fifty years included details of support that had been provided to enable them to participate and be included in a range of community events. We saw this included support to go on their first holiday abroad, together with visits to the circus and fast food restaurants. When we spoke with this person, they proudly showed us a specially developed photograph album that had been made of their time in Spain. The registered manager told us this had enabled this person to "Do things they had previously only dreamed of undertaking."

People who used the service told us staff involved them in making decisions about their routines and support with things like cooking, choices about food, shopping, help with cleaning and personal care tasks.

There were weekly rota's included in people's care files that detailed the support required for these arrangements, together with a range of activities to ensure people's personal wellbeing was promoted and enable them to develop their independence. We saw evidence that people were encouraged and supported to engage with services and events outside of the home together with input from other services. We saw these included visits to leisure centres, swimming and the gym. On the day of our inspection a group of people had been out to a local gardening centre and a person in supported living showed us a professional music video they been helped to produce, whilst another told us about employment they undertook locally.

The registered manager told us how people living at Beechcroft House had made a request for them to have a pet. We were told how they had been able to choose their own dog which they looked after and cared for together with involvement in developing a fish aquarium project following research at local library with the support provided from staff.



## Is the service well-led?

### Our findings

Relatives told us the service was well organised and that the registered provider was approachable and they would talk with him or the deputy manager if they needed anything or had a concern. A relative told us, "[Registered managers' name] is pretty good at sorting things out" whilst a person using the supported living service told us, "[Registered manager's name] is fantastic, I have no worries about him, the quality of the care is fantastic, they (staff) always go over and above, everything is written down and documented." A member of the health commissioning team said the registered manager had "Worked closely with us and professionals in multi-disciplinary team meetings to ensure people's best interests are promoted and the service is responsive to meeting their needs."

There was registered manager in place who was aware of their responsibilities under the Health and Social Care Act 2008. There was evidence the registered manager worked positively with the Care Quality Commission and reported incidents, accidents and other notifiable events occurring during the delivery of the service. The registered manager had a wealth of experience and was a qualified trainer and approved assessor for the care certificate and had worked in the health and social care sector for many of years. We found there were clear lines of accountability and managerial responsibility within the service and saw evidence the registered manager took their role very seriously and had a 'hands on' style of approach.

The registered manager told us, "Since Beechcroft's last inspection in 2014 there has been a complete management structure change, new management has been implemented to represent the residential care home and supported living services. The service has employed several new managers, an experienced operations manager with 13 years' experience of working in a very busy neonatal/children's ward, working with children and adolescents with severe challenging health abnormalities and problems." We found the operations manager had experience of management during their nursing career and that a human relations and health and safety representative had been appointed with over twenty years of experience of working in the public sector to represent the registered provider. The registered manager went on to advise that a compliance manager who was a registered nurse in mental health with over 30 years of experience of working with people with learning disabilities and living with mental health problems continued to be employed by the company part time.

We found the service had recently been audited by two local authorities with both of them finding positive outcomes.

The registered manager told us "The culture is open and we learn from incidents. We never make a decision straight away and always take a step back and analyse." There was evidence the service had a clear sense of vision and values. The registered manager told us, "We incorporate the core values of, honesty, integrity and ethics into our service and expect our company and staff to work to high standards and have high expectations for our clients. We are committed to providing a positive learning and living environment to allow our service users to live a full and active life. We strive to provide an environment for our clients and for staff to flourish."

We saw evidence in staff files of individual meetings with senior staff which enabled their attitudes and behaviours to be monitored and their skills to be appraised. Staff told us about meetings that were held to enable the registered manager to provide leadership and direction and ensure they were clear about their roles and responsibilities. A whistle-blowing policy was in place that supported staff to raise any concerns about the service and we found that appropriate managerial action was taken when this was required. Staff we spoke with said they felt the service's management team were approachable and fair and could raise any concerns and felt these would be acted on. Staff told us they received feedback about their work in a constructive manner and that the registered manager listened to their ideas to help the service develop. One told us, "I can talk with manager at any time and feel I am listened to and respected."

We found internal governance systems were in place to enable different aspects of the service to be monitored and reported on and enable the quality of the service to be assured. We saw for example; care planning reviews, audits of medicines management, staff training and staff supervisions to enable the service monitored together with action plans to improve the service when this was required.

There was evidence the service worked in proactively and in close partnership with external agencies and key organisations to ensure it delivered a service that was responsive to people's needs and enabled them to move smoothly between services. A member of the health commissioning team told us the registered manager, "Really cares about the service" and worked proactively with members of the behavioural support team to ensure the needs of a person with behaviour that was very challenging to the service and others could be safely met, following a breakdown in their previous placement. We found the registered provider had worked closely with staff in the local authority to ensure people were able to transition successfully between children and adult services and promoted the development of services that were joined up and seamless. A community learning disabilities team nurse told us, "[Registered manager's name] is extremely transparent. He is always on the other end of the phone to answer a question or query; he ensures that he attends all psychiatry outpatient appointments for the clients. I know he is supportive towards his staff. Staff are up to date with all mandatory training and he encourages their development. There is always the necessary number of staff on shift to ensure a safe environment."

We found that feedback about the service was positively encouraged to enable it to learn and develop. We saw comments in surveys issued to people who used the service, relatives, professionals and staff. A relative commented in these, "[Name] has come on in leaps and bounds and seems to be more confident and less withdrawn." A social worker commented, "Communication between the care agency and the learning disability team is prompt and appropriate. [Registered provider's name] is always contactable and resolves issues with professionalism and urgency." A health commissioner told us, "If things are not working effectively, [registered manager's name] is always quick to pick up phone to discuss alternative strategies and develop new ways of working."