

Adelaide Care Limited

# Fiveways

## Inspection report

Kingsdown Park East  
Tankerton  
Whitstable  
Kent  
CT5 2DT

Tel: 02085315885

Website: [www.adelaidecare.com](http://www.adelaidecare.com)

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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 08 June 2016 and was unannounced. The previous inspection was carried out in November 2014 and concerns relating to records management were identified.

Fiveways is registered to provide accommodation and personal care for up to five people who have a learning disability and other complex needs. Fiveways is on the outskirts of Whitstable and is close to local transport and amenities. Five people were living at the service at the time of inspection and each had their own personalised bedroom. People had access to a communal lounge, conservatory, kitchen, laundry room, sensory room, two bathrooms, a wet room and toilet.

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

Staff followed correct and appropriate procedures in the storage and dispensing of medicines. People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the

Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Some people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the registered manager had applied for DoLS authorisations for people who were at risk of having their liberty restricted.

The care and support needs of each person were different, and each person's care plan was personal to them. People had detailed care plans, risk assessments and guidance in place to help staff to support them in an individual way.

Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities of their choice. Staff knew people and their support needs well.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. People were supported to make their own drinks and cook when they were able and wanted to. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to implement improvements.

Staff told us that the service was well led and that they felt supported by the registered manager to make sure they could support and care for people safely and effectively. Staff said they could go to the registered manager at any time and they would be listened to. The registered manager had good management oversight and was able to assist us in all aspects of our inspection.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

There was sufficient staff on duty to meet peoples' needs. The provider carried out appropriate checks when employing new staff.

### Is the service effective?

Good 

The service was effective.

Staff understood the importance of gaining consent and giving people choice. Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were supported and had one to one meetings and appraisals to support them in their learning and development.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it. People were provided with a range of nutritious foods and drinks.

### Is the service caring?

Good 

The service was caring.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

People were treated with kindness, respect and dignity.

Staff supported people to maintain contact with their family

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care and support was planned in line with their individual care and support needs.

Staff had a good understanding of people's needs and preferences. People were supported to take part in activities that were individualised and meaningful to them.

People were relaxed in the company of each other and staff.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People and staff were positive about the leadership at the service. Staff told us that they felt supported by the manager and deputy manager.

Quality assurance surveys, regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

Records were accurate, up to date and were stored securely.

# Fiveways

## **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 08 June 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and other information we had about the home including notifications, safeguarding information and complaints. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

During the inspection visit, we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We reviewed a variety of documents. These included two care files, staffing rotas, four staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

We spoke with three people who used the service and with the registered manager and two members of staff. After the inspection we spoke with two social care professionals who had had recent contact with the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Fiveways, one person said "I'm happy here." People had communication plans that explained how they would communicate or behave if they were anxious or worried about something, these also told staff the way in which they could best support each individual to reduce anxiety or worries. Staff knew people well enough so that they were able to respond quickly. People were relaxed and happy in the company of the staff. People approached staff when they wanted something and the staff responded to their needs.

The provider had clear policy and procedures in place for safeguarding adults from harm and abuse, this gave staff information about preventing abuse, recognising signs of abuse and how to report it. In the office there was a list of contact details for relevant agencies for staff to refer to. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff what action they had to take to minimise the risks to people. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date. People were protected from the risk of financial abuse. There were clear systems in place and these were regularly audited.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. All medicines were stored securely in locked cabinets in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for.

Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was detailed written criteria for each person who needed 'when required' medicines. When these medicines were administered it was recorded on the back of the medication administration recorded (MAR), with the time, amount, why they were given and the outcome.

Regular medicine audits were carried out by the manager or senior staff and medicines were counted at the end of each shift, we saw clear records of the checks that had taken place. Medicines that were not part of the medicine dosage system were dated on opening, in line with current good practice. Topical applications

(such as creams or ointments) were also recorded on a separate MAR, which had details such as, what the cream was for, how much and where it should be applied. The registered manager completed competency checks every 6 months for all staff responsible for administering medicines. This helped to ensure people received all of their medicines safely.

Robust recruitment practices were in place and checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check and checking employment histories. These records were held in staff files along with application forms and interview notes. The registered manager interviewed prospective staff and a 'skills scan' was completed to ensure they had the basic numeracy, reading and writing skills to undertake their role and to identify any additional skills they could bring to their role.

There were enough staff on duty to meet people's needs and keep them safe. During the inspection there were four support workers and the registered manager on duty. Staffing was planned around people's activities and appointments so the staffing levels were adjusted depending on what people were doing. Overnight there were two staff to support people, one would be on a sleep night and on call should they be required to provide support. The manager worked a variety of shifts throughout the week, this included both office based hours and time working with people on shift. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and kept staffing levels under review. One to one support was provided when people needed it.

The staff rota showed that there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. There were plans in place to cover any unexpected shortfalls like sickness. On the days of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs and keep them safe. During the inspection staff were not rushed. Staff we spoke with felt they had enough time to talk with people and that there were enough staff to support people. One member of staff told us, "The manager always makes sure there is enough staff on, so we can go out and do things." An on call rota was on display in the office, this ensured there was always a senior member of staff available for the service to contact.

The premises were clean and well maintained. A number of improvements had been made since our last inspection which had enhanced the environment. Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Health and Safety audits were completed monthly and that these were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment. Staff told us everything was in working order.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. One person demonstrated to us the route they would take if there were to be an emergency. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. A 'grab file' was also in place. This folder contained brief but essential information about people's physical and mental health conditions and medicines and could be 'grabbed' in an emergency to pass on to other health professionals should the need arise. Accidents and incidents involving people were recorded and management reviewed these reports to ensure that

appropriate action had been taken following any accident or incident to reduce the risk of further occurrences.

# Is the service effective?

## Our findings

People told us that staff looked after them well. Staff worked effectively together because they communicated well and shared information. Staff handovers between shifts made sure that they were kept up to date with any changes in people's needs. For each shift there was a shift plan and handover sheet, which detailed who was on shift, their allocated tasks, such as cleaning and cooking responsibilities along with other daily tasks to support people. They also identified specifics for each day such as any health or other appointments and any planned visitors or contractors to the service. For example on the day of our inspection it was recorded that a residents meeting was planned, one person had a GP appointment and a gas safety inspection was expected. Staff told us that they felt supported in their roles. A staff meeting and handover book was also maintained to ensure a record of all discussions and agreed actions were recorded.

Staff had a 12 week induction into the service, this involved 'office' time where they spent time reading people's care records, e learning, policies and procedures and getting to know the service. They would also spend time shadowing experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively. One member of staff told us they felt very supported, "If I'm not sure of anything I just ask, we always help each other. It's a happy home."

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an on-going programme of training which included face to face training, on-line training and distance learning. A training schedule was maintained by the organisations training officer, and shared with the registered manager. It showed when training had been undertaken and when it was due to be renewed. Staff told us that they regularly completed training and that this included specialist training relevant to their roles and the needs of the people they supported, such as, courses about epilepsy, Autism and Aspergers, managing behaviours which may challenge others and principles of person centred care.

Staff had individual supervision meetings and annual appraisals with the registered manager or senior support worker. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively.

We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. The staff team knew people well and understood how they liked to receive their care and support, and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had clear, personalised communication guidance in place. This explained the best way to communicate with people and how to interpret and understand

people's wishes and needs by giving clear examples of different actions or signs people may give, and what these mean.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

Applications had been made for deprivation of liberty safeguards (DoLS) authorisations for people who needed them, and were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

Records showed that people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. The registered manager had knowledge of the Mental Capacity Act 2005 (MCA) and the recent changes to the legislation. Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS).

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see. People's health was monitored and care was provided to meet any changing needs. Staff acted quickly if people became unwell and worked closely with healthcare professionals to support people's health needs. People had health action plans, these detailed how to support each individual to remain healthy and recorded details about appointments they attended, what happened and what action would be taken next. Each person also had a hospital passport, which contained important details about how to support them should they need to go to hospital. People who had specific medical conditions, such as diabetes, had detailed personal guidance for staff to follow. This described specific symptoms they may display and how to support them.

Where they wished to be, people were involved in planning the menus, buying food and preparing some meals. During the inspection one person was preparing potatoes ready for the evening meal. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. During the residents meeting we heard discussions about menus and individuals preferred meal choices. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection regular drinks and snacks were offered by staff and people were supported to make drinks with staff.

The service was clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. There were signs and pictures in some people's rooms to help them remember where things were kept and where they should put their things. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The building was well maintained. Lounge areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. A sensory room provided space for people when they wanted to be away from others. There was a relaxed and friendly atmosphere at the service.

## Is the service caring?

### Our findings

People told us they were happy living at the service and their comments about the staff were positive. There was a strong and visible person centred culture at the service. Care was planned around the individual and centred on the person. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. One member of staff commented, "We ask what they would like to do, use magazines to give ideas and encourage opinions. To help people make their own choices".

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices.

People were given personalised care. Some people had specific needs and routines that were accommodated well by the staff. People were laughing and looked happy. The routines at the service were organised around people's needs and were flexible. Staff supported people in a way that they preferred. There was a relaxed and friendly atmosphere. People looked comfortable with the staff that supported them. People and staff were seen to have fun together and shared a laugh and a joke. During the residents meeting there was lots of light-hearted discussion and banter between people and staff. Discussions around upcoming trips, events and a holiday were all discussed eagerly as a whole group.

Staff were attentive. They observed and listened to what people were expressing. Pictures and photos were used to help people to make choices and communicate what they wanted. People responded well to staff and we saw staff interacting with people in a way that demonstrated they understood their individual needs and had a good rapport with them. Staff talked about and treated people in a respectful manner.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families, relatives and friends. During the inspection we heard plans being made for one person to meet a friend for lunch the following week.

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, who needed it, were given support with washing and dressing. When people had to attend health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs.

People were moving freely around the home, moving between their own private space and communal areas at ease. Staff knocked on people's doors before entering. Doors were closed when people were in

bathrooms and toilets. People were given discrete support with their personal care. Some people expressed their anxieties and frustrations in behaviour that could challenge others or pose a risk to them. Staff had received BILD (British Institute of Learning Disabilities) accredited training to assess people's behaviour, be prepared to intervene and prevent behaviour through de-escalation techniques or use of mild restraint quickly and when needed to safeguard people from harm. This training had an emphasis on the approaches of Positive Behaviour Support. Approved interventions were clearly documented in people's individual behaviour management guidelines and made clear the range of measures that could be used. This might involve in certain situations the administration of 'as required' medicines prescribed by the doctor to alleviate heightened anxiety. However, medicine administration records (MAR) showed this to be infrequent and incidents of behaviour were minimal.

Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. One member of staff commented, "I love working here." People's care plans told us how their religious needs would be met if they indicated they wished to practice. People's information was kept securely and well organised. 1:1 books were kept by keyworkers for each person, they recorded details of monthly meetings and significant conversations. Staff were aware of the need for confidentiality and meetings were held in private.

## Is the service responsive?

### Our findings

People received the care they needed and the staff were responsive to their needs. The service had a strong, visible person-centred care culture. People were relaxed in the company of each other and staff. Staff had developed positive relationships with people and their friends and families. Staff kept relatives up to date with any changes in their loved one's health.

Most people had lived at the service for many years. When people were considering moving into the service they, and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not.

Staff were able to demonstrate a good understanding of the people they supported. One staff member told us "I follow the care plans and guidance, and ask if I need to know more or need help". Within people's plans were life histories, detailed guidance on communication and personal risk assessments. In addition there was specific guidance describing how the staff should support the person with various needs, including what they can and can't do for themselves, what they need help with and how to support them. Care plans gave staff an in-depth understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's wishes and preferences and detailed guidance on people's likes and dislikes around food, drinks, activities and situations. Challenging behaviour care plans detailed what people may do, why they do it, warning signs and triggers and how best to support them. Health action plans were also in place detailing people's health care needs and involvement of any health care professionals. Each person had a healthcare passport, which would give healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff.

People who were important to people like members of their family and friends, were named in the care plan. This included their contact details and people were supported to keep in touch. Some people went home to their families and families also visited the service.

People were supported to take part in a range of activities and staff supported people to undertake a choice of leisure activities within the service and in the community. Individual activity timetables were in place but there were flexible to each person. One person had a pictorial display on their bedroom wall to help them to remember what they would be doing. Activities included music therapy, swimming, local walks, social clubs, computing clubs and quizzes. As well as trips to the cinema, theme parks and holidays. People were supported to go on shopping trips and lunches out in the services' vehicle. Activity plans also included activities within the service such as cookery, art and craft and making use of the sensory room. Where people wanted to they were supported in taking part in everyday household tasks such as laundry or light housework and gardening.

Weekly residents meetings gave people the opportunity to raise any issues or concerns. Any concerns raised were taken seriously, recorded and acted on to make sure people were happy with the quality of service they received. During these meetings people were able to discuss and comment on the day to day running of the service. Staff asked people how their rooms were, one person commented that they had been a little warm, so a discussion around changing bedding took place. Menus were also discussed and agreed at these meetings, one person commented to a staff member, "You're a good cook!" People talked about what activities they would like to happen and upcoming events that they were looking forward to, such as a trip to theme park, and a themed 'country' day, where a meal and activities, relevant to the countries culture, were planned. During the inspection we heard people discussing activities such as bowling, swimming and a trip to London. A booked holiday to Centre parcs was discussed and people were eagerly looking forward to this. Individual monthly keyworker meetings were held, which also gave people an opportunity to raise any concerns or worries they may have. These were recorded in 1:1 books.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. No complaints had been made or recorded since our last inspection.

## Is the service well-led?

### Our findings

The service had an established registered manager who was supported by senior support workers and support workers. Staff felt that they were well supported. One staff member commented, "The manager is always helpful and supportive. One of the nicest managers I have worked for. I can always talk if I have a problem."

The registered manager demonstrated a good knowledge of people's needs. During the inspection we observed that people engaged well with the registered manager who was open and approachable. Staff were clear about their role and responsibilities and were confident throughout the inspection, each had delegated responsibility for health and safety, daily allocated jobs and attending training courses.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff regularly on people's changing needs. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Through our observations at inspection it was clear that there was a good team work ethic and that staff felt committed to providing a good quality of life to people.

The registered manager was aware of their responsibilities and had a good management oversight of the home. They audited aspects of care both weekly and monthly, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. The audits identified any shortfalls and action was taken to address them.

Systems were in place for quality monitoring checks, which the organisations quality officer completed around every 6 weeks. Recent quality assurance surveys from relatives and health care professionals gave positive feedback. Records were in good order and kept up to date. When we asked for any information it was easily accessible and records were stored securely to protect people's confidentiality.

The visions and values of the organisation were hard work, compassionate care and excellence, the manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were clear about putting people first.

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. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.