

Dalskats Limited

# Sunset Cottage

## Inspection report

Sunset Cottage  
Rock Road, Chudleigh  
Newton Abbot  
Devon  
TQ13 0JJ

Tel: 01626859735  
Website: [www.homeorchard.org.uk](http://www.homeorchard.org.uk)

Date of inspection visit:  
20 June 2017

Date of publication:  
12 July 2017

## 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

Sunset Cottage is registered to provide care and accommodation for up to five people. At the time of the inspection there were five people living there. People living at Sunset Cottage are young adults who may have a learning disability or autistic spectrum disorder.

This inspection took place on 20 June 2017 and was unannounced.

Sunset Cottage was previously registered as a part of "Home Orchard", which remains as a brand name for four small services providing accommodation and support for people in Chudleigh. In 2016 it was re-registered with the Care Quality Commission, and is now registered under a limited company, Dalskats Limited. The service is in close proximity to three other services which share some administrative facilities, records systems and the brand name. Two other services are registered under Dalskats Limited, and the other is registered under the providers as a partnership. The services work closely together; staff work between the services by agreement and people living in each service mix socially and share some day activities.

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

People benefitted because the service had a well understood, positive and open culture, with a clear set of values, ethos and clear lines of management. People, staff and others were encouraged to give their views on what worked well at the service and what could be improved. This information was shared on the services website, including in an easy read version so people could see how their input was able to make changes at the service. Staff told us it was very important to them that people at the service "had a voice".

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns. People were encouraged to speak out if they were worried about anything and had systems in place to help them keep safe when out in the community. Risks to people were identified and plans were put in place to minimise these risks. For example, where people had healthcare conditions that could

present risks there were clear and well understood protocols in place to assist staff. Systems were in place to ensure complaints were responded to and managed. Easy read documents were available to help people understand how to raise concerns.

People received their medicines safely as prescribed. Any errors were audited and actions taken to reduce any risk of re-occurrence. Medicines were stored safely, and records completed when people received their medicines.

People were supported by sufficient numbers of well trained and supported staff to meet their needs. Staff recruitment systems were robust, and helped to ensure that people were not supported by staff who may be unsuitable to work with people. Staff told us they had received sufficient training and support to enable them to carry out their role effectively, and we saw through the training records that this was done.

Sunset Cottage provided a safe environment where risks to people had been assessed and were being managed. The cottage was a detached house in close proximity to other properties operated by Dalskats Limited. The property provided each person with a bedroom and bathroom, with a choice of communal space for people who wanted to spend quieter time as well as a large lounge.

People's rights were respected. Staff had a clear understanding of the Mental Capacity Act 2005 and had received training in its implementation. Where people lacked capacity to make an informed decision, staff acted in their best interests. Staff could tell us about the act and were recording any best interest decisions appropriately. Applications had been made to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS) where necessary and staff both understood and were complying with any conditions imposed by the authorisation.

People were supported to have enough to eat and drink. Mealtimes were social experiences and people were involved in the planning, cooking and choosing of their meals. The providers placed a high emphasis on good quality, varied and nutritious foods. No-one was at risk of malnutrition.

The service had a happy, positive and welcoming atmosphere. We saw staff were supportive, compassionate and caring in their relationships with people. People were valued for their contributions to the life of the service and who they were. Staff were keen to support people to develop to their full potential, and staff worked with other agencies to support this, for example with local medical services and specialist learning disability support teams.

People were treated with dignity and respect. They were encouraged to take part in the daily life of the service, develop new skills and maximise their independence. For example, people told us they mowed the lawns and kept their rooms tidy. People were encouraged to cook meals with staff support and do their personal laundry.

Staff understood people's needs, were thoughtful and reflective about the care they gave people and ensured their care plans including personal aspirations were met. People had been involved in drawing up their support plans and weekly activity profiles, with identified staff to support them, which helped to reduce anxiety. People benefitted from personalised activities that met their choices and interests. They were active in the local community, and encouraged to take up new hobbies and interests. The service harnessed staff skills and hobbies to help offer additional opportunities for people living at the home with a shared interest, for example cycling.

People and staff spoke highly of the management team and confirmed they were approachable. There were

regular staff meetings and staff received regular supervision and appraisal. This was provided as often as staff needed this, and was offered after any incidents to debrief staff and analyse if anything could have prevented the incident.

Records were well maintained and kept securely. The service had notified the CQC of incidents at the home as required by law.

## 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 were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People received their medicines safely as prescribed. Any errors were audited and actions taken to reduce any risk of re-occurrence.

Risks to people were identified and plans were put in place to minimise these risks.

People were supported by sufficient numbers of staff to meet their needs. Staff recruitment systems were robust.

Sunset Cottage provided a safe environment where risks to people had been assessed and were being managed.

### Is the service effective?

Good 

The service was effective.

Staff had the skills and support they needed to ensure people's individual care needs were met.

People's rights were respected. Staff had a clear understanding of the Mental Capacity Act 2005 and had received training in its implementation.

Where people lacked capacity to make an informed decision, staff acted in their best interests. Appropriate applications had been made to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink. Mealtimes were social experiences and people were involved in the planning, and choosing of their meals. The providers placed a high emphasis on good quality, varied and nutritious foods.

The premises were reflective of the service's ethos – to lead a full and active life in a homely and comfortable environment. People were supported to take care of the service, and personalise their own space. □

### Is the service caring?

Good ●

The service was caring.

We saw staff were supportive, compassionate and caring in their relationships with people.

People were valued for their contributions to the life of the service and who they were. The service had a happy, positive and welcoming atmosphere.

People were treated with dignity and respect. They were encouraged to take part in the daily life of the service, develop new skills and maximise their independence.

### Is the service responsive?

Good ●

The service was responsive.

Staff understood people's needs, were thoughtful and reflective about the care they gave people and ensured their care plans including personal aspirations were met.

People benefitted from personalised activities that met their choices and interests. People were active in the local community, and encouraged to take up new hobbies and interests.

Systems were in place to ensure complaints were responded to and managed.

### Is the service well-led?

Good ●

The service was well-led.

Sunset Cottage had a clear ethos and philosophy which was enthusiastically shared among the staff and management team.

People and staff spoke highly of the management team and confirmed they were approachable.

The provider had systems in place to assess, monitor and improve the quality of care.

The provider sought feedback from people, relatives, staff and healthcare professionals in order to improve the service. Improvements were made as a result.

Records were well maintained and kept securely. The service had notified the CQC of incidents at the home as required by law. □

# Sunset Cottage

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 20 June 2017 and was unannounced.

The inspection was carried out by one adult social care inspector. People at the service were living with complex needs, including autistic spectrum disorders. For this reason we were not always directly able to ask people about their experiences, but spent time with them observing relationships and contact they had, as well as some basic discussions. We used elements of the short observational framework for inspection tool (SOFI) to help us make judgements about people's experiences and how well they were being supported. Sofi is a specific way of observing care to help us understand the experiences people had of the care at the service.

Prior to the inspection the provider completed a PIR or provider information return. This form asked the registered provider to give some key information about the service, what the service did well and improvements they planned to make. We contacted three key professionals supporting the service for their views.

On the inspection we looked at the support plans for all the people living at the service. We spoke with three people living at the service, three members of care support staff and the two joint heads of care and development. We also spoke with a care consultant who supports the service, a manager of the advocacy team supporting the service and a visiting healthcare professional. We looked at other records in relation to the operation of the service, such as risk assessments, medicine records, policies and procedures and two staffing files, and looked around the building and grounds. We also shared lunch with staff and the people living there.





## Our findings

People were kept safe because the provider had ensured systems were in place to help protect people from abuse. A person living at the home told us they felt safe and another nodded when we asked them if they felt safe. Staff had received training in safeguarding people, and people who lived at Sunset Cottage had access to advocacy services and a regular advocacy meeting off site. This ensured they had access to independent people away from the home to raise any concerns or discuss aspects about their lives if they wished to do so. People had also been given information in an easy read format about 'keeping safe' and one person showed us this was kept in their room.

Information about external agencies to contact in case of a safeguarding concern was available in the service for staff reference. Policies, procedures and specific assessments were made to support people with staying safe, for example people were assessed for their potential vulnerability when out in the community. Staff had a good understanding of how people might express any unhappiness through changes in their behaviour. The service had appropriately reported to the safeguarding authority an incident between two people at the service, even though this had been immediately resolved. Time had been spent analysing the incident to try to understand what had happened and why. A senior staff member told us "If something goes wrong we sit down and analyse what went wrong."

Risks to people were reduced because staff understood people's health and welfare needs and what actions they needed to take to keep people safe. For example, some people living at Sunset Cottage had a health condition that could result in them having seizures. There were clear protocols for staff to follow in case of a seizure, including when staff would need to summon emergency medical assistance. We spoke with two staff members about this. They had received appropriate training and understood how each person's condition affected them. For example they understood that one person had a clear physical change before a seizure took place and would alert staff to this. They were clear about the actions they needed to take to support the person, and aware of any particular triggers that might lead to a seizure for each person.

People were kept safe because the service identified potential risks and put in place support to reduce or mitigate risks to the person. For example, one person had been assessed as being at potential risk of choking due to a particular medication they were taking. The service had reduced these risks by ensuring they were always supported by a member of staff trained in first aid at mealtimes. There had been no incidents of choking.

People were supported to take risks and as a result lead fuller and more active lives. Risk assessments were

undertaken of specific activities people enjoyed, such as the use of swimming pools, working on the local farm (linked to Dalskats Limited) or using community resources. These assessments varied regularly, for example due to people's response to the changing weather. Assessments were made of any risks to others from the person for example as a result of them becoming anxious or distressed in the community and plans for how this should be supported safely. People had also received support from staff in helping them identify who to go to if they were worried out in the local community. For example one person regularly attended a biking festival. They told us who they would go to if they needed support at the event and had become separated from the staff supporting them. This had helped re-assure them and helped them feel safer.

Regular fire precaution checks were undertaken, including evacuation procedures. Staff had access to emergency contact numbers, and told us they were aware of regular fire practices and knew how to respond in an emergency. People living at Sunset Cottage were involved in these evacuations.

Risks presented by the building had been assessed and managed. Sunset cottage was an adapted and extended detached house in a residential area. Each person had their own bedroom and bathroom, which had been subject to risk assessment. Three people showed us their own rooms which were personalised and individual. Assessments had been carried out to ensure people living at the home were safe in the environment for example using kitchen areas to prepare snacks and drinks. Some adaptations had been made as a result, for example not leaving large amounts of particular foods accessible where it was known people would consume them to excess. However the home was designed to retain a homely and comfortable feel. People could lock their rooms to maintain their privacy, but staff could have overall access in the case of an emergency. Staff carried out risk assessments for cleaning materials, first aid equipment and told us they would do with regard to any identified infection control risks.

There were enough staff to support people. People living at Sunset Cottage had an individual staffing assessment, including the need for one to one staffing during the day. We saw staff supported people in accordance with this. Staff told us the home was well resourced and that people received the one to one staffing they needed to enable them to follow their chosen activities and lifestyle. For example, on the day of the inspection we saw each person was able to follow their chosen activity programme. There were sufficient staff available to support people to make changes to this programme due to the heat on that day if they wished. At times staff told us there would be an increased need for staff support, for example at a time of high anxiety for a person and staff told us there was never any question about them not getting the amount of staff support needed. The service told us that they very seldom used agency staff, but when they did they ensured staff were familiar with the service and the people living there to reduce any risk.

Systems were in place to ensure staff were recruited safely, and were suitable to be supporting people who might potentially be vulnerable. We looked at two staff files which showed us a full recruitment process had been followed, including disclosure and barring service (police) checks having been undertaken.

People received their medicines safely and as prescribed. We discussed the management of medicines with two staff members who showed us where the medicines were kept securely and the records for administration. Records showed people had received their medicines as prescribed to promote their health. Clear protocols were available for 'as required' medicines for example to help people manage anxiety. Staff had received training in medicines administration and could tell us when people received their medicines and what they were for. Policies were in place for homely remedies or over the counter products such as paracetamol or cough linctus. The systems for the administration of medicines were audited regularly and any errors in recording or administration were identified, collated and action plans drawn up, for example support to retrain the staff member concerned.



## Our findings

People were supported by skilled and knowledgeable staff who knew them well and could meet their needs. We saw staff interacting well with people, supporting them to engage with others and their environment and supporting them to make choices about how they spent their day.

Staff were skilled at supporting people living at Sunset Cottage. They understood their needs, wishes and triggers for distress or anxiety and how to avoid them. Staff told us they received regular training as a part of their role, including training specific to the needs of people living at Sunset Cottage, such as autism, person centred care, and epilepsy. Staff training needs had been mapped against the Care Certificate standards, which is a national award recognising core training needs for care staff. Training records were computerised in the central office, ensuring updates needed were identified quickly. Training was provided through online resources or face to face, and had included breakaway and de-escalation training, aimed at supporting people who may present challenges or self-injurious behaviour when distressed or anxious. Staff we spoke with had been impressed by some bespoke training that had been delivered by an expert in autistic spectrum disorders. One told us "We all felt quite privileged to have this training" and another said "I was really impressed by the training and what we took from it. We can't wait for the next part". Staff told us they had immediately implemented some changes as a result of the training they had received, particularly with regard to communication and understanding people's experiences of the world when living with autism.

Staff received the support they needed to carry out their role. Staff told us they worked well as a team and we saw this in practice. One told us "We all bring something different, something of ourselves to this role". Supervision and appraisal systems were in place and people were offered debriefing after any incidents. Supervision could be offered as often as staff members needed this, and where people needed additional support or training, action plans were put into place to address this. The care consultant said "Our door is always open to staff", and a senior staff member said "our supervisions work when we know they need a hug. It's nice to thank people, and it's good to recognise burnout in staff." A staff member told us "We get good support. There is always someone to call on."

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. Staff had a good understanding of the MCA in practice and had received training in the principles of the Act. At Sunset Cottage we found people were involved in making decisions about their day to day

lives. Staff showed us how they used some communication tools such as photographs and signs in support plans and around the home to help people's understanding and to make choices. Some people needed clearly spoken communication and time to process the information before responding. This was in line with the best interests framework, and recorded as such. Where people lacked capacity to make a specific decision staff were aware of the need to make a 'best interests decision' and of how they would need to record this.

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. The application 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. We saw that appropriate applications had been made to local authorities to deprive people of their liberty, and that one authorisation had been granted. Staff were aware of the conditions on this DoLS authorisation and ensured they were followed. Information was available in easy read formats to help people's understanding about this process.

People were supported to have sufficient to eat, drink and to maintain a balanced diet, and no-one was identified as being at risk of poor nutrition. We shared a lunchtime meal with people, who also ate with staff as a group. People living at the home were able to self-select their lunches from a buffet, and were involved in shopping for and cooking the evening meal. Snacks were available at all times, and people could choose to have cooked breakfasts if they wished. Staff told us they were proud of the food served to people and of how the providers had a clear commitment to high quality meals and fresh produce being available at all times. This included fresh produce from the farm where people could work growing and harvesting vegetables and gathering eggs. People's weights were measured regularly, and people would be supported with special diets if they wished or were needed. Picture cards were used to help people make menu choices and assist with shopping, and we were told people really enjoyed salads and vegetables.

People received good healthcare support, and the service worked well with other agencies. Staff told us they were "quite persistent" in ensuring people's healthcare needs were supported. We saw from people's files they received input from community healthcare specialists as well as specialist support to manage medical conditions. We saw evidence of dental, optical and podiatry services in use. People also were offered opportunities to engage with preventative healthcare for example "Well man" or "Well woman" clinics at the local GP surgery if they wished. We spoke with a visiting healthcare professional. They told us the staff worked well with people and their team and that they "always feel welcome". They also told us they found the staff "positive and interested" in working together to help support and understand people better. People living at the home had hospital and communication passports which detailed their health needs and support they might require to reduce anxiety and promote good communication in case of a need to attend hospital. A positive relationship had been built up with a local GP who the service had found very supportive.

Sunset Cottage is a large detached property set in a residential area of Chudleigh. The premises reflected the service's ethos - to provide a comfortable, homely living experience where people had opportunities to lead a full and active life. The building had level gardens to the rear and areas where people could spend private or quieter time if they wished, or a large comfortable communal area that was more social. People told us they were involved in looking after the building, for example one person told us they mowed the lawns and another person told us they kept their room tidy.



## Our findings

Sunset Cottage had a positive and welcoming atmosphere. People and staff were friendly, active and positive about the service and the people living there.

People living at Sunset Cottage were supported by staff who demonstrated genuine caring towards them. Staff spoke positively about people, and worked hard to ensure they had opportunities to lead a full and active life. People told us the staff were "nice" and "very good". Senior staff told us the staff had a "massive commitment" to the service and the people who lived there, covering extra hours to ensure people had opportunities to follow activities of their choice. Staff said they wanted the best for people, and were committed to helping them develop new skills. One told us "you never know what potential people have. We never give up."

People were treated with respect. Staff involved people in all discussions and ensured that communication was delivered in ways they could understand and process. Their views were listened to. Staff were skilled at observing people's behaviours or repetitive thoughts and intervening to avoid the person becoming anxious or overstimulated. We saw staff refocussing and de-escalating people to help them maintain positive communication with others. Where people needed reminding about something, for example washing their hands before eating, this was done gently and sensitively. Some communication was supported with the use of pictures and symbols, such as in the service's complaints procedure. Staff told us they would also talk through anything that needed communicating with people and give them time to process the information before expecting a response. We saw this happening in practice, for example with people being offered a visual choice of food to prepare meals from, and time to self-select their choice without being hurried. Staff guided and suggested activity opportunities but people themselves chose what they wanted to do. Staff shared some interests with people living at the service such as cycling, which helped ensure their enthusiasm was harnessed to encourage people to participate when their motivation was low. Staff were positive about finding new opportunities for people and supporting them to have new experiences.

People were clearly comfortable with staff; we saw they looked happy to see them and exchanged humorous conversation throughout the inspection, and sought them out for advice or support. People had been encouraged to have a sense of pride in their own accommodation and were happy to show us how they had personalised their own rooms to reflect their interests. Staff were respectful that this was people's home. We saw them respecting people's property and decorative choices. People were able to maintain their privacy with locks on their bedroom doors, although staff had a master key in case of emergencies. Staff told us they understood how it was important for people to remain as independent as possible.

People were encouraged to develop new skills and have new experiences. This included both taking part in social events and activities with people within the local learning disability community as well as within the wider local area. For example one person helped out at a local children's nursery. This was a positive experience for them, and had meant they were well known in the local community. Visitors were welcome to the service, and people were encouraged to think of the service as their own home; for example we heard one person had their sister for a 'sleep over' which they had greatly enjoyed. A regular newsletter helped keep people up to date with changes to the service as well as what individual people were doing. This helped to foster a sense of community across all the linked services.

Advocacy arrangements were in place for people living at the home, including an off-site meeting where people could discuss any concerns they may have or changes they would like to see.



## Our findings

People received individualised and carefully thought out support, based on an assessment and knowledge of their needs, wishes and aspirations, and included in a plan of their care. People or their supporters had been involved where they wished to be in drawing up their support plans, and had signed them to show they agreed with them.

We looked at the support plans and review documents for all five people living at the home. Plans were based on assessments of people's needs, and had been regularly updated to reflect changes. They identified positive goals for achievement, both long and short term. These helped ensure that people always had something to work towards and achieve. Plans also included assessments of risk and of any support the individual person needed at times of increased anxiety or distress. Plans were well understood by staff. For example we spoke with a member of staff about how they would support a person who had a healthcare condition. The staff member had a clear understanding of the condition, and what support the person needed, including emergency protocols. Support plans reflected the likely long term deterioration in the person's condition and how this would present itself. This ensured staff had the correct information to allow them to alert medical staff early to any changes in the person's condition.

Each person's file contained a health action plan, and a quick reference support plan, containing condensed information for use by staff unfamiliar with the person. We saw plans being followed in practice. For example we saw one person's plan indicated how they needed communication to be shared with them. We saw this happened.

People were supported to follow activities of their choice. People's chosen activities were detailed on a programme for the week, and individual staff were allocated to support these. This helped reduce people's anxiety by knowing in advance who would be supporting them. People living at the home were young adults and staff told us they made sure that they had the same opportunities as other people of their age. For example people attended music concerts and bands, a fishing group, voluntary work - one person at a local steam railway and another at a children's nursery, cycling, competitive football, nightclubs, cinema, walking group, meals out, pub tips and shopping. Staff told us it was really important that people had equal opportunities and a full life. One told us "It's lovely here. People get lots of choice. I have worked in other places and here there is a really good quality of life."

People were encouraged to develop life skills such as doing their own laundry and cookery. On the day of our inspection two people went to work on the farm, two people went cycling and then to look at some

trains, another person had a medical review, but chose to spend some time in bed having a lie in. One person was looking forward to having a carriage ride in the afternoon, but it was called off due to the heat. It was decided that people would take the opportunity to play games in the garden and invite people from another service to join in if they wanted, perhaps to be followed by a barbeque. The service had access to five vehicles, so each person would be able to be taken out individually if they wished to.

The home had received no formal complaints or concerns since the last inspection. An easy read complaints process was available for people to use but staff told us they were confident people would feel confident to raise anything they were not happy about. Staff told us they felt they would be able to tell if someone was not happy about something though their behaviour. They told us "we would know –we work with people very closely".





## Our findings

Sunset Cottage was well led. The service's website said they wanted people to be able "to access a fulfilling outdoor life", based on a framework of rights, independence, choice, dignity and fulfilment. We saw there was a clear sense of this culture and philosophy which was shared amongst the staff group. Staff were enthusiastic and positive about the home and the people living there. They told us they were proud of the home and how people were supported. They felt good leadership had led to a positive staff team who were committed and worked well together. One staff member we spoke with told us they would be happy for a relation of theirs to be supported at this service, and would be assured they would be given every opportunity to have a full and happy life.

There was a clear management structure which staff understood. The PIR stated that the registered manager was in overall charge but that over the services some duties were devolved to other people with the registered manager keeping an oversight. These included implementing some quality assurance systems. They said "Where responsibility is transferred to other persons, the registered manager holds regular management meetings with these individuals to keep up to date and ensure the quality of the service... As well as a registered manager we have a further five managers to ensure standards are met within the service. One of these managers is a social care consultant who advises on keeping the service up to date and works alongside the registered manager 3 days per week to ensure compliance and quality of care." Staff told us they were clear about roles within the organisation and felt there was always someone who was approachable to call on in case of needing advice. There were regular staff meetings at all levels to help promote effective communication.

People benefitted because the provider had put in place systems to ensure people received high quality care. The home had regular audits and spot checks carried out by the management team, including for medicines administration. Where errors had been identified action plans were put in place to address these. The management team had contacts with other local and national services for advice on good practice such as the Association for Real Change. This association supports people's rights and care providers to deliver good practice. They told us they read journals and the care press, attended local good practice forums, and used a specialist legal service for management advice and support, for example with employment law.

People received a high quality service and were encouraged to give their views about how well the service was working and what could be improved. Families, supporters and others such as visiting professionals were able to give their views about the operation of the service, either informally over the meal table or via a more formal route involving questionnaires sent out each year. These were analysed and any actions or

improvements taken were actioned, for example improvements to the exterior of some services. The results of the feedback was published on the service's website, including an easy read version and action plans setting out the improvements the home intends to make. These had dates to be completed by, and an analysis of the previous action plan and actions taken which were re-evaluated. This helped ensure that the actions taken were effective in addressing any issues, and demonstrated openness and transparency. Staff told us it was very important to them that people at the service "had a voice", and that this was listened to.

Records were well maintained. Records were maintained in hard copy and on computer, which were password protected to maintain confidentiality. Backup copies were also held in the administrative office at Palace Farm, adjacent to Sunset Cottage, along with some centralised management records. Hard copy records were maintained securely and destroyed when no longer needed. Some records were not available to all staff, but were on a need to know basis to respect people's privacy. For example people's care and support plans were accessible to staff, but they did not have access to information about how people's fees were paid. The home had safe facilities for the destruction of records.

Notifications had appropriately been sent to the Care Quality Commission as required by law. These are records of incidents at the service, which the service is required to tell us about.