

Avenues South East

# Avenues South East - 2 Turnbull Place

## Inspection report

2 Turnbull Place  
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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

The inspection took place on 08 and 14 April 2016 and was announced. 2 Turnbull Place is a small care home located in Hildenborough and provides accommodation and personal care for up to two people with learning disabilities, complex needs and challenging behaviour.

The home is a detached single storey property set in countryside near Tonbridge. At the time of our inspection there were two people living at the home both of whom were living with complex needs. The home had 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.

People were kept safe as staff were confident and knowledgeable in how to protect people from abuse and harm. Risk assessments were person centred and gave staff clear guidance regarding people's individual needs. Accidents and incidents were recorded and monitored and action was taken to reduce the risks of recurrence.

Staffing levels were based on people's support needs and were reviewed in line with people's changing needs. Records showed that recruitment procedures were followed to ensure staff were suitable to work with people.

Medicines were stored and administered safely so that people received the medicines they needed.

Staff knew people well and provided effective support that was based on detailed guidelines written in people's individual care plans. Staff received guidance, support and training according to people's needs.

Staff sought and obtained people's consent before they provided support. When people declined or changed their mind, their wishes were respected. People were supported to eat a balanced diet that met their needs and preferences. Staff were knowledgeable about people's individual requirements.

People received care and support that promoted their health and wellbeing. Staff were proactive in seeking assistance from a wide range of healthcare professionals.

People were treated with kindness and compassion and the culture of care was person centred. Relationships between people and staff were strong and people were respected and treated with dignity. People were encouraged to be involved and staff knew and acknowledged people's strengths.

People's care plans were reviewed regularly and updated when their needs changed to ensure they received the support they required. People's care was based on their preferences, likes and dislikes. People led active lives and were supported to undertake a range of activities.

The registered manager had a strong person centred ethos and staff told us they felt valued and supported under her leadership. Quality assurance systems were in place to identify how the service could improve. Relatives knew how to make a complaint and were given opportunities to give their views.

## 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 were knowledgeable and confident about their responsibilities and the procedures they should follow to keep people safe.

Risk assessments were person-centred and gave staff clear concise guidance regarding people's individual needs.

There were sufficient staff deployed to safely meet people's needs and to enable people to take part in a range of activities. Staff recruitment processes ensured staff were suitable to work with people.

People's medicines were stored and administered safely.

### Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about people's individual requirements and received support and guidance to effectively deliver care.

Staff sought people's consent and understood and followed the principles of the Mental Capacity Act 2005.

People were supported to maintain a balanced diet.

People received care and support that promoted their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion and the culture of care was person centred.

People were respected and treated with dignity.

People were encouraged to be involved in all aspects of the home and care they received.

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

**Good** ●

The service was responsive.

People's support was personalised to reflect their wishes and what was important to them.

Care plans and risk assessments were reviewed and updated when people's needs changed.

People were supported to have active lives and to maintain relationships with family and friends.

Relatives knew how to make a complaint and were given opportunities to give their views.

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

**Good** ●

The service was well-led.

There was an open culture.

Staff felt supported, valued and were confident that they could discuss concerns.

Quality assurance systems were in place to effectively monitor quality and safety and to drive improvement.

# Avenues South East - 2 Turnbull Place

## **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 and 14 April 2016 and was announced. We gave the registered manager 24 hours' notice as it is a small home for two people who are often out at their activities and we needed to be sure people would be in.

The inspection was carried out by one inspector.

We gathered and reviewed information about the service before the inspection, including notifications we had received from the provider. This is information the provider is required by law to tell us about. We reviewed the provider information return (PIR) and used this information when planning and undertaking the inspection. The provider also sent us some information immediately after the inspection.

During the inspection we spoke with four support staff, two people's relatives, one health care professional, the registered manager and the provider's area manager. Where people were anxious or unwell we observed staff interactions rather than speaking to them directly. This enabled us to gain an understanding of their experiences. We looked at care records and associated risk assessments for two people and management and staffing records.

# Is the service safe?

## Our findings

Relatives told us they thought people were kept safe and that people were enabled to live a full life as staff appropriately managed any risks. One relative told us "I am sure they keep him safe- they cope marvellously with him". One health professional told us how staff supported one person who sometimes displayed high levels of anxiety, "It's been extremely positive and I feel the staff work extremely well."

The provider had a safeguarding policy in place and there were local safeguarding procedures which ensured staff had information and guidance in how to keep people safe from harm. Staff received training in how to protect people from abuse and were able to describe what abuse is and their responsibilities in terms of reporting it. One staff member told us, "I have never had to report something but I would if I had to - I wouldn't want to see them abused." The registered manager showed us an example of where a staff member had raised concerns and these had been appropriately reported to the local authority. Where people required support with their finances there were robust procedures to protect them from financial abuse. For example the area manager undertook monthly audits of people's finances and staff were required to counter sign money received and gain receipts for any expenditure made.

Risk assessments were person centred and gave staff information regarding people's individual needs. For example one person was living with sensory loss and there was guidance in place to ensure that risks within the home were managed effectively. As this person was familiar with the layout of the home, the risk assessment made clear that furniture and day to day items needed to remain in the same place in order for the person to continue to navigate their way around independently and safely.

A positive approach to taking risk was adopted. Although people living at 2 Turnbull Place had complex needs including serious health conditions and behaviours that challenge, they were supported to undertake a range of activities both inside the home and outside in their local community. For example, one person enjoyed swimming and staff supported them to do this every week. Records included clear concise information that meant that staff had the guidance they needed to keep the person safe. This person was also planning to undertake a flight on a helicopter and the registered manager had evaluated the risks and drawn up actions to reduce these.

Day and night time fire evacuation plans were in place to provide staff with details as to how each person should be kept safe in the event of a fire. Accidents and incidents were recorded and monitored and action taken to reduce the risk of recurrence. For example, where one person had become increasingly distressed we saw that timely action had been taken and that support had been sought from a range of health care professionals including the person's psychologist. Where there was a risk identified, the staffing levels had been increased to minimise this.

The provider leased the property and maintenance records showed that checks and maintenance were regularly undertaken throughout the building. Key areas such as fire equipment, gas and electrical equipment and portable appliances were all checked regularly which showed that risk of harm was reduced because action was being taken to maintain the home and the equipment people used. During our

inspection we noted that the home and décor looked tired in places for example in the kitchen there were areas of flooring and work surface that were in poor repair. We looked at records that showed that these concerns had been raised and that the landlord was aware of these issues. The provider's area manager told us that works were scheduled to be carried out as part of the landlord's planned maintenance programme and sent us correspondence that showed that refurbishment works would be undertaken in May 2016.

We looked at medicines and the records of medicines received, stored, disposed of and administered. Medicine Administration Record sheets (MAR) were in place and all these had been signed correctly once people had taken their medicines. Medicines were stored in a locked cupboard. The temperature of the room taken twice a day to ensure the medicines were safe for use. Each person had a medicines identification form that included the person's photograph, date of birth, and the list of medicines to be taken. Staff had the information they needed to give people their medicines safely according to their prescriptions. Staff had received training to administer medicines and had been assessed by the manager as competent. Staff knew which medicines were prescribed and were able to describe how they safely administered them. One staff member explained, "We follow the MAR and check that it corresponds with the blister packs."

Staffing levels were based on people's support needs and we saw that the registered manager had revised these as and when people's needs changed. One staff member told us, "Because of the changes especially in health, (X) the manager has asked for an extra shift to make sure we meet the needs of the gentlemen." Another staff member explained, "Staffing has changed and it enables (X) to try new things.....The staffing ratio enables us to concentrate on people's needs." Staffing was planned to ensure that people's care was provided in a sensitive way. For example one person responded particularly well to one member of staff and so this staff member supported them with any medical appointments they might find stressful.

Rotas showed that where additional staff were required for activities, these were provided. For example, one person required one to one support to go swimming and this was provided every week. This person enjoyed attending football matches and held his own season ticket, so a member of staff was available to enable this to happen. A recent incident had occurred whilst people attended church and so rotas were being adjusted to ensure extra staffing on a Sunday. The registered manager showed us records where she had written to the local authority requesting more support hours for people.

The staff team consisted of four regular members of staff, two of whom had worked for the provider for over eight years and only one of whom was new. We looked at staff files to ensure safe recruitment procedures were followed. Recruitment procedures included an interview, references and carrying out a Disclosure and Barring Service (DBS) checks. Any gaps in employment history were explained. Such checks help employers to assess whether prospective staff are suitable to work with vulnerable adults and children.



## Is the service effective?

### Our findings

Relatives told us they were happy with the care provided. One told us, "They know him better than I do, they are marvellous with him" and another said, "We are happy with him there. He gets the care he needs."

Some of the staff had known people for a number of years and told us they shared their knowledge and understanding with new staff. One staff member told us, "I like the staff team; it's a stable team which is important as (X) doesn't like change". We spoke with all four staff and it was apparent from the way they described people's needs, likes and preferences and the way they interacted with people, they knew people well. They were able to describe people's support needs and how to effectively meet these. People's care plans contained detailed guidelines on every aspect of support they required which ensured that staff had the information they needed to support people effectively. Staff had signed that they had read people's support plans and one staff member told us, "I spent two days reading their files. I needed to know how best to support (X) and it (the support plan) told me how to speak to him, how he is in the community etc."

All new staff had received a six month induction and were reviewed regularly during their probationary period to ensure they were competent to work with people. One staff member told us, "Once you go through the induction pack it gives you the confidence you need". They described how the manager had supported their induction, "She discussed with me the whole induction process, she put in dates and tasks and made sure I finished. With her guidance and the set programme it was easy." Records showed that where gaps in knowledge were identified, personal development plans were put in place by the registered manager to support staff.

Staff told us they felt supported by the registered manager and records showed that they received regular supervision. Staff said that they felt valued; "She appreciates what we do for the guys here. She says thank you." Records showed that "1 to 1 meetings" were held monthly rather than the provider's policy of every 6-8 weeks. They included comprehensive discussion regarding people's needs and actions required to meet these. For example minutes of one meeting showed that discussion regarding a person's medicines had led to the staff member contacting the local pharmacy for guidance.

Staff had the skills and knowledge to support people's needs. A range of training was provided by the provider and the registered manager kept a record of all training staff had undertaken and any training they were due to refresh. Staff had undertaken essential training such as first aid, care and control of medicines, safeguarding, and moving and handling. Where people were living with additional needs, training had been undertaken or scheduled. For example training had been made available in de-escalation, mental health, and autism. Some staff were not up to date in their health and safety training and some were yet to attend this training. As the health and safety training covered important areas such as fire safety this required action. The registered manager had already identified this and showed us emails to the providers Learning Development Team requesting training be provided. After our inspection we were notified that training had been approved.

Staff sought consent from people before giving support and people's choices were respected. For example

one person had changed their mind about an activity and staff facilitated them returning home early. One staff member explained that people were able to make clear their choices; "He has his favourite clothes that he chooses himself - if he doesn't like them he puts them in the bin." We discussed the requirements of the Mental Capacity Act 2005 with the registered manager who demonstrated a good understanding of the principles set out in the Act. Records showed that people's mental capacity had been assessed for a variety of straightforward and complex decisions. For example assessments had been completed for health referrals as well as securing the home and garden with locks. Where it had been assessed that the person did not have capacity to understand and retain the information, the registered manager and staff had worked with family members and the GP in making a best interest decision for the person. Where individuals did not have family representation an independent mental capacity advocate (IMCA) had been involved to ensure any decision was in the person's best interests. The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was able to describe how they had submitted an application to the local authority to lock the front gate at a time when one person was confused and distressed and at risk of harm. They showed us records that demonstrated that the person's rights had been considered and that the requirements of the Act were followed. As the person's needs had changed they had removed the restriction.

People were supported to eat a balanced diet that met their needs and preferences. All members of staff explained how important food was to the people living at 2 Turnbull Place. One staff member explained, "They are really up for trying new foods and meals" and another said, "They decide what food they want..... (X) loves his fish and chips." People's weight was monitored regularly and meals were planned on a weekly basis. Where people enjoyed eating out they were supported to do so, regularly having breakfast out and attending a local older person's lunch club.

One person had been assessed as at risk of choking and a speech and language therapist had produced clear guidelines for staff to follow. A support plan had been written in accordance with these guidelines and staff had signed that they had read this. When we asked staff about this person they were able to describe his needs; "X has his food cut up to prevent him from choking". Another person had a condition called polydipsia which is where a person has an excessive thirst that can result in excessive fluid intake. Guidelines and strategies were in place to manage this and promote the person's wellbeing. For example where the person got up during the night, an agreed amount of drinks were left out and staff kept a fluid intake chart to ensure the person was not drinking excessively.

People received care and support that promoted their health and wellbeing. One relative told us, "He is well looked after, his medical conditions are looked after 100%." People were encouraged to be active and were supported to have a balanced life where they took part in a range of activities and were supported physically and emotionally. One staff member told us, "They are active, they like going out...and we support them with health appointments, monitor their weight and healthy eating." One health professional told us, "The staff are following up things I suggest, monitoring him and from a health point of view, they are doing really well."

Each person had a health action plan that set out their specific health needs. Both health action plans were comprehensive and included the person's family medical history, medicines taken, communication and any hospital treatments received. The plan also included a section for men's health that showed that the gentlemen living at 2 Turnbull Place had also attended a "Well Man Check". People were supported to see their GP when they needed to. The registered manager explained that staff had arranged with the GP that a small quiet room in the GP surgery could be used should people become anxious or distressed.

Records showed that people accessed opticians, dentists and chiropodists in their local community as well as speech and language therapists, community learning disability nurses and mental health services. For

example, staff had recently worked with a physiotherapist and identified that one person needed a new armchair to provide comfort and support. The new chair had been designed and adapted specifically to meet this person's needs and promote their wellbeing.

Another person was being supported with their mental health and their medicines and support had been reviewed regularly. Staff were monitoring the long term effects of taking these medicines and were keeping a record of any side effects observed. An action plan had been put together by the community nurse and records showed that staff had followed this and had taken action as required, for example, arranging a chest x-ray and an ear examination.

## Is the service caring?

### Our findings

One health professional told us, "The keyworkers know him well and know his needs and triggers...they really like him." One relative told us, "I think they're kind, they know him well. He has a better kind of life now and they are all very nice to him" and another said "He always looks clean and well cared for."

Staff spoke with warmth and respect for both people, the registered manager told us, "I love this service because the people we support are amazing". People were treated with kindness and compassion and the culture of care was person centred. Staff described the strong relationships they had with both gentleman living at the home and one told us "I like their personalities, I like them." Another told us, "I have a really strong rapport with (X) and have had since I stepped in the door- me and him just clicked."

Staff described how they supported people to live the lives they wanted. One staff member told us, "The people we support are the same, just like anyone else and we need to maintain and maximise their capabilities." Records showed that people were encouraged to take part in everyday living activities such as laundry, putting cutlery away, mopping the floor, as well as preparing and clearing away their meals. Support plans were written in a positive way and gave clear information about people's strengths and what they were able to do independently or with support. For example one person had an eating and drinking support plan due to swallowing difficulties. The plan was written in such a way that made it clear that the person was to maintain as much independence as possible. It provided clear guidance as to what verbal and physical support staff were to provide and what the person was able to do for themselves; "X can serve his own food.....and can feed himself. X uses a fork and spoon to eat; he does not use a knife."

People were involved in planning their own care and each person had key workers. A keyworker is someone who coordinates all aspects of a person's care. One staff member explained, "The way we see it is that it is completely led by them.... We involve them as much as their needs will allow. When it comes to people, places, activities, that sort of thing, they are more than capable of making decisions for themselves". We observed as people came back from a trip to the shops having had lunch out. Staff naturally asked what they would like to drink offering a choice. One person had recently purchased a new DVD player and had been asked where in the house they would like to keep it. People chose what TV they watched and when they went to bed. One person chose to get up in the night for snacks and there were clear guidelines in place that enabled this. One staff member explained, "For years people wanted (X) to have a regular sleep pattern when he doesn't want to. His sleep pattern doesn't impact on his activities so we support him with what he wants."

Both people living at the home had person centred plans that set out what was important to them, what worked well and what needed to change. People and their keyworkers reviewed their support monthly which ensured goals and actions were completed. For example one person had started to ask for short walks out and this was taking place. For another person having activities planned ahead was important as they liked to have things to look forward to. Minutes of their keyworker meeting showed that staff were organising these.

Each person had a hospital care plan that provided guidance to hospital staff as to how to meet the person's needs should they go into hospital. It included information the hospital staff should know regarding keeping the person safe, their communication needs, their sleeping and moving around requirements.

People's privacy was respected and people were supported in a way that respected their dignity. One staff member explained, "They're just normal people with a learning disability, you wouldn't disrespect them. If they're in the bathroom we close the door or if they are in their rooms changing, we close the curtains and blinds." One person sometimes came out of their room undressed. One staff member explained, "When he is indoors we try to maintain his dignity as he will get undressed...I joke with him and he puts his shorts on." During the inspection we observed staff do exactly this and the person's dignity was maintained.

People's confidentiality was respected and people's care records were locked away. An audit of information had recently taken place where the storage and access to information was reviewed to ensure that people's privacy was protected.

## Is the service responsive?

### Our findings

One health professional told us that despite one person's complex needs and behaviours, "They are still managing to be person centred. They are very organised and respond very well to other professionals and following up on things." One relative told us, "He has come on leaps and bounds; I think it's the care. He lives a very good life". Another relative explained, "They talk to him, and take him out - it's unbelievable what they do."

Records showed that people's care and support plans were regularly reviewed and that staff responded promptly to changes in need. One staff member explained, "Communication is key to us....everything is written down, we have a handover, communication book etc....as we need to know what is going on." When one person's anxiety and distress had substantially increased staff had worked proactively with health professionals to support them and manage their wellbeing. During this period the registered manager had brought in extra staff. This included a staff member to monitor and support the person throughout the night in order to ensure everyone's safety.

The provider's area manager had nominated the staff team for an award explaining, "For such a small team they are extremely proactive and reactive.... Staff went out of their way to access crisis support even at 11pm at night and on a bank holiday". The person's support plan provided staff with the guidance and information they needed to meet their emotional and physical needs. Their behavioural support plan clearly set out ways staff could prevent and respond to signs of anxiety, detailing what was important to the person and specific interventions and strategies staff needed to adopt. One staff member explained, "We have been consistent with (X), he feels more secure with consistency - giving him what he is expecting and keeping to time". Staff worked flexibly around the needs of both people living at the home and swapped working patterns and took extra shifts rather than use agency staff. The registered manager explained; "Staff cover rather than using agency as they know that would be really difficult for (X)."

People living at 2 Turnbull Place were living with complex physical and mental health needs and they were supported to lead active lives. The home had its own vehicle which enabled staff to support people with a range of activities and to maintain links with their family, friends and the wider community. For example, staff supported one person with visiting their family in another county and had recently had their family to the home to celebrate their birthday. One person's relative explained, "He has five or six visits a year, they do a BBQ, a Christmas party etc....I feel welcome." Each person's family were invited to review their care every six months and these meetings were scheduled at times (such as weekends) that would enable them to attend. One relative explained that staff had offered to drive the person to their house should they be unable to visit 2 Turnbull Place themselves.

Both people had a weekly activity chart describing regular activities they undertook including bowling, music sessions, and social events, as well as activities such as recycling and trips to the local pub. People were supported to use and attend local facilities such as the local swimming pool and a local coffee morning. Every Sunday people were supported to attend church and one staff member told us, "X does a lot more in the community. I never thought I would see the day when he would sit at church but I believe he

feels safe - he has a better quality of life now." Staff were proud of the support they provided. One staff member said "We are out every single day and it makes them happy....when I go home I feel satisfied" and another said, "You couldn't hope to support people better.....(X) is doing things now that he has never done before."

Both people received a personalised service designed to meet their needs and preferences. One staff member explained, "They like doing most things together but some things they like doing on their own....and if they choose to do separate things they can." For example, one person liked aeroplanes and taking holidays abroad whilst the other person did not. Staffing was arranged to enable the person to take an annual holiday. Since living at 2 Turnbull place they had been supported to travel to Spain, Portugal and Majorca whilst the other person pursued their interests and took day trips out.

The home had a complaints policy and procedure in place which included a pictorial version for people living at Turnbull Place. Although the registered manager kept a log of complaints none had been received. One relative explained, "We have never had a major problem...everything is fine." Another relative told us, "When we have a meeting we do suggest little things but nine out of ten times there is nothing wrong."

## Is the service well-led?

### Our findings

Relatives and staff were confident in the management and the way the home was run. One relative told us, "I think it's extraordinarily well run and another told us, "I have never met the manager but in the last year she has come to the fore....she seems very nice and a helpful person." One health professional told us, "(X) the manager is very hands on, not distant and it makes a big difference." Every staff member we spoke with told us how much they valued the manager and the support she provided. One told us "X is a lovely manager everything is so organised" and another explained that they respected the manager, "She is really team led, really open and discusses things with us."

The home's statement of purpose stated, "We aim to provide a comprehensive unique and individual service which enables the people we support to live as ordinary life as possible and to enjoy their lives within their communities." We talked to the registered manager about the home's ethos and she spoke knowledgeably and passionately about providing a personalised service; "When we look at where we want to go, we are really led by (X) and X). We have such a can do attitude, we will always find a way to meet their needs..... My aim is always to say yes." When we spoke with staff they were clear about the ethos and committed to delivering individualised care and support. Records showed that both gentlemen were being supported with the choices they made and undertaking a range of activities both within and outside their home.

The registered manager explained how she encouraged staff to take an active role in all areas of the service and how she valued their ideas; "I value so much what my team have to say. The door is always open.....we try to empower them, it keeps them motivated and proud." Staff told us they were involved in all aspects of the home. One said, "I take on extra responsibilities and I do it because I enjoy it." Another told us, "Since I have been here I've done lots of things for the house - it's a pleasure." For example, staff were involved in the health and safety of the home, the rota, risk assessments and all areas of person centred planning. When staff had wanted to make the home more attractive they had been given the resources to do so.

Communication was seen as a priority and records showed that team meetings were held monthly as were one to one meetings. One staff member explained, "X (the registered manager) leads us as a service and at team meetings we get updated on policies etc." Although a small team, meetings were scheduled so that staff were able to attend as frequently as possible. For example if staff were not due to work that day, they received payment for their attendance. The minutes of these meetings showed that there were open and detailed conversations regarding the wellbeing of the gentlemen, as well all aspects of the service they received. Staff received updates as to the outcome of audits undertaken by the management team and any action required as a result. For example where the manager had identified an issue during their audit of medicines this was discussed and action taken.

The registered manager and provider ensured there were a wide range of checks and audits in place to assess and monitor all aspects of the service provided and records showed that these were acted upon. For example there were checks undertaken in finances, medicines, health and safety and the way information was recorded and stored. Records showed that where an issue with water temperatures was identified



appropriate action had been taken.

The registered manager was required to submit monthly data to the provider which included information regarding any staff vacancies, staff one to one meetings, medicine errors, safeguarding alerts or accidents and incidents. This data was analysed and alerted the area and service management team to any issues. Records showed that where issues were identified action was taken. For example when an incident involved any form of violence this was immediately looked at by the providers lead for positive behaviour who would advise and work with the staff to manage this.

The registered manager was able to describe her responsibilities as a manager and had a clear understanding of when she needed to notify the Care Quality Commission of any key events. She was also a part of a network of other managers who met regularly to discuss and share best practice.

Where the home was small, the service was built upon close relationships with people, their relatives and professionals and feedback was very often informal. People's views were sought and received on a day to day basis as well through yearly surveys which were reviewed and analysed by the providers head office. In one survey received in October 2015 the quality of the support and communication was rated as excellent by one relative. Where feedback had been received from another relative, the registered manager had spoken with the person's family and taken appropriate action.