Stockdales Of Sale, Altrincham & District Ltd

Ashton Lane

Inspection report

47 Ashton Lane
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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection that took place on the 7 and 9 November 2018.

Ashton Lane is a residential care home for six people with learning disabilities and complex health needs. Ashton Lane is a two-story building with a communal lounge, sensory area, adapted bathroom and kitchen on the ground floor. Bedrooms are accessed by a lift to the first floor.

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

At our last inspection in February 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated good.

The service had two registered managers. At the time of our inspection one of the registered managers who is the assistant chief executive was in the process of deregistering to focus more on other projects at Stockdales. 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service was remarkable. Since out last inspection the service had continued to make further improvements that had a positive impact on people's lives. Staff, relatives, and people living at the service all felt the care at the service was exceptional and people were enabled to have a good quality life. Staff cared for people in a very kind and compassionate way, they knew them well and people were happy and relaxed at all times. Relatives were very positive about the care provided at the service and complimentary about staff and management.

There were elements of outstanding practice in relation to managing behaviour that challenged. People

who had a history of behaviour that challenged had a personalised positive behaviour support plan. This supported them to have as much control as possible over their lives, so they did not feel the need to behave in a challenging way. Staff noticed when people were showing signs of being upset and swiftly provided care and support.

Staff worked hard to establish people's preferences and went the extra mile to help them find more hobbies and interests. Arrangements for activities were varied and adapted according to people's individual needs. People had over the past year had become busier and more content.

There were flexible staffing levels to meet the daily needs of people living at the service. Staff supported people in line with their personalised care records to manage individual risks and care needs. The management team had a robust overview of the staff teams training, supervision and appraisal needs.

Social contact and companionship was encouraged, which helped to protect people from social isolation. Staff supported people to keep in touch with their families and friends, and to maintain community links. People regularly visited community facilities.

We reviewed three staff files and saw that satisfactory recruitment and selection procedures were in place.

Medicines management and administration processes were reviewed during the inspection and found to be safe.

Checks were made to ensure that the environment was a safe place for people to live. These included electric, gas, Legionella compliance and fire safety.

Staff were aware of the importance of respecting people's choices. They constantly consulted people and supported them to make choices. They worked within the requirements of the Mental Capacity Act 2005 (MCA). Where appropriate, applications had been made to the relevant authorising body to deprive people of their liberty.

Accidents and incidents were routinely recorded and analysed. There was an accident and incident reporting policy in place and staff routinely completed accident and incident documentation. The registered manager analysed monthly accident and incidents reports and established trends that were emerging as a measure of mitigating risk.

Staff spoke with enthusiasm about their roles and were clear about their responsibilities. There was an open and transparent culture. The registered manager was clear about their plans to continually improve the service.

Quality assurance processes were in place to drive continuous improvement. Significant events, such as accidents, incidents, safeguarding and complaints, were monitored by the registered manager and by the provider for developing trends.

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 remained safe.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Outstanding ☆

The service was highly responsive.

Staff worked hard to establish people's preferences and helped them find new hobbies and interests. They went the extra mile to support people to take part in activities they enjoyed. The increased level of activity had helped people to feel happy and settled.

People were fully involved in the planning of their care and their views and wishes were listened to and acted on. People felt empowered because staff used innovative and individual ways of involving them in their care arrangements.

People's daily routines, communication methods and lifestyle choices were understood by staff. This helped ensure people were always involved in decisions about their care and lifestyle.

Is the service well-led?

Good

The service remained well-led.

Ashton Lane

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 the 7 and 9 November 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to our inspection we asked the provider to complete a Provider Information Return. This is a form which asks the provider to give us some key information about the service, what the service does well and improvements they would like to make. We also reviewed the information we held about Ashton Lane, including any statutory notifications submitted by the provider or other information received by members of the public. A statutory notification is information about important events which the provider is required to send to us by law.

We contacted Trafford local authority, and Healthwatch (Trafford) to obtain their views about the quality of this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist and inform our inspection.

Due to the nature of the service provided at Ashton Lane, some people were unable to share their experiences with us, therefore we completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During the inspection we spoke with three of the people's relatives. We spoke with the two registered managers, deputy manager, two senior care workers and two care workers.

We looked at staff training and supervision records for the staff team at Ashton Lane, one month of staff rotas and the staff files for three staff including their recruitment records. We looked at six medicines administration records. We also looked at records of staff meetings, quality monitoring records, medicines adults, fire safety records, fire risk assessment and health and safety records relating to legionella,

maintenance and servicing of equipment. We also looked at records of n, menus, food and fluid monitoring charts, two care plans, complaints, accidents, incidents and safeguarding records.

Good

Is the service safe?

Our findings

At our previous inspection we found that the service was safe. At this inspection we had no concerns and the service continued to be good in this area.

Medicines management and administration processes were reviewed during the inspection and found to be safe. Staff completed training and their competency was checked to ensure they could administer medicines safely. A policy was in place to help guide staff practice. We observed medication rounds and found that staff were knowledgeable, followed correct procedures, sought consent from people and explained what they were doing. Medicines were safely stored.

People continued to be protected from abuse because staff knew what action to take if they suspected someone was being abused, mistreated or neglected. Staff spoke confidently about how they would protect people by raising concerns immediately with the registered manager, senior staff or external agencies, such as the local authority safeguarding team or the police. Staff said they were confident the registered manager and provider would take prompt action to safeguard people who used the service.

People had risks associated with their care assessed, monitored and managed by staff to ensure their safety. Risk assessments had been completed thoroughly to ensure people were able to receive safe care, whilst also ensuring their choices and independence was promoted and maintained. We saw some people had risks associated with specific health conditions such as epilepsy. Where possible people had been involved in developing their risk assessments. Some people had risks identified due to their behaviour and lifestyle choices. We saw people's family members had been very involved in the risk assessment process. Staff said this involvement helped people stay safe, whilst respecting their rights to make choices and have control over their life and lifestyle.

The home had an open team culture that ensured that any concerns within the service were dealt with quickly. Accidents and incidents were appropriately recorded and included outcomes and learning to inform future practice. The monthly analysis enabled the registered manager to establish any emerging trends, if the level of risk needed to be reviewed and if further support measures needed to be implemented.

Staffing levels were planned and organised in a way that met people's needs and kept them safe. The registered manager regularly reviewed staffing levels, and ensured there was flexibility to meet people's specific requests and sudden changes to routines.

We reviewed three staff files and saw that satisfactory recruitment and selection procedures were in place. The files we reviewed contained application forms, references, proof of identity and Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to check if employees are suited to working with vulnerable adults thereby supporting safe recruitment decisions.

Arrangements were in place for checking the environment to ensure it was a safe place for people to live. Safety checks were carried out, for example, electric, gas, Legionella compliance, lifting equipment and fire

safety and these were in order. People had a personal emergency evacuation plan (PEEP) detailing the support they needed in the event of a major incident/emergency. We saw that staff were conscious of the safety precautions they needed to take, for example ensuring that fluid thickening agents were stored securely.

Personal protective equipment (PPE) such as hand wash, gloves and aprons were available (with visual reminders about washing your hands), to help protect people from risks relating to cross infection. The service was clean and tidy. One relative told us, "The home is always spotless and never are never any unusual smells."

Good

Is the service effective?

Our findings

At our previous inspection we found that the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

People's needs were assessed before moving to the service. These assessments were detailed and showed that people's physical and mental health needs had been assessed. Assessments included information in relation to people's nutritional needs and needs around their anxieties and mobility needs. The care plans provided staff with guidance on the person's dietary preferences and how they should be supported with day to day choices. Care staff told us that the care plans provided them information on people's health needs. One member of staff said, "The care plans are very detailed, I like the fact we know the person's fully history and where they are now."

Since the last inspection Ashton Lane had been refurbished to a high standard and a new spacious kitchen had been installed. Other aspects of the home were in the final stages of being redecorated with new flooring installed in most of the bedrooms. The home had been adapted to meet people's needs, with track hoists in communal rooms and accessible baths available for people to use. This meant people's physical support needs were met by the design of the home.

Each person's bedroom was very personalised and spacious. Some people liked to spend time with others and some preferred to spend time on their own. The home had been organised so that separate living areas were available. One room is a conservatory that is used as a quieter area with a larger main lounge also available for people to watch television and spend time with others.

People were supported by staff who had received training to meet their needs effectively. All new staff undertook a thorough induction programme, which included the provider's key policies, procedures and training to develop their knowledge and skills. Staff who were new to care completed the Care Certificate. The Care Certificate is a nationally recognised qualification for care workers new to the industry.

A comprehensive workbook was also used to ensure staff had the training and competency to meet the complex healthcare needs of the people living at Ashton Lane effectively. This included the use of suction equipment, colostomy care, epilepsy and rescue medication. Staff were observed on three occasions throughout the year by the registered manager or deputy manager, to ensure staff remained competent in this area.

An additional workbook and observations had been introduced for care staff to progress to a senior care worker role. This meant all staff were being given the skills to support people.

Staff said they felt well supported through regular supervision, team meeting, training and de-briefs. They said there was sufficient time to discuss and reflect on practice. Some staff undertook additional training and were 'Champions' in areas such as medicines and health and safety. The Champions were responsible for accessing and passing on best practice information to the staff team. This helped ensure all staff had the

skills and knowledge required to meet people's needs effectively.

People's nutritional and hydration support needs were assessed and routinely monitored. The registered provider ensured that different clinical tools were completed by staff and people received the necessary support required. Weight charts were completed accordingly, diet and fluid intake was effectively monitored and appropriate referrals were made to healthcare professionals when needed. We found detailed person centred guidance was in place for a person's gastrostomy (PEG) feed regime.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There was a clear record of DoLS applications submitted and/or authorised which identified when they were due to expire and those which had conditions attached. We saw that mental capacity assessments had been carried out to check whether people had the capacity to make specific decisions.

Good

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

The provider's values were completely based around creating a person-centred culture. Their mission statement said, "Our culture is supportive, respectful, professional and innovative."

There was a clear focus on people being fully involved in their care and being at the heart of how they were supported to live their lives. The service always aimed to meet people's needs with regards to age, disability, gender, gender identity, race, religion or belief and sexual orientation. The registered manager also matched care staff to people with specific skills that met their needs. For example, all staff members were epilepsy trained and had a good understanding of the person's preferences. The service always ensured that people felt they mattered, that staff listened to them and talked to them appropriately. Comments received from three people's relative included: "The care [person's name] receives is amazing and I know I couldn't provide that level of support anymore", "It is a very caring organisation and I was pleased to see the staff stayed with [person's name] while they were in hospital due to poor health" and "I am gobsmacked of how good this service is. They go above and beyond our expectations."

The provider's values as stated in their service user handbook included, "Respecting and supporting the rights and choices of everyone, helping people to live happy and exciting lives, supporting people to make their mark on the world, making sure everyone has the same opportunities, having positive relationships with all stakeholders, being friendly, knowledgeable and professional, inspiring, educating, problem solving and welcoming change." It was very clear that staff had adopted this philosophy in relation to the support they provided. It was reflected in the way staff spoke about the people they supported, in the practices we observed, and in the feedback we received about the way staff treated people.

People living at Ashton Lane had a range of different and in some cases complex care needs. We saw people sought interaction, reassurance and information from staff regularly throughout the day. We saw how all the staff responded to people respectfully at all times, answering their questions, providing reassurance and doing so with a smile. Staff knew people well and were able to adjust their responses to meet people's individual needs and personality. For example, staff spoke gently and clearly to some people, whilst others spent time sitting with people while holding their hands to provide comfort.

People were always included in discussions about their care and support. Their choices, preferences, likes and dislikes were always respected. They were asked by what name they preferred to be called and any preferences regarding the gender of staff who were going to support them was respected. Those care staff we spoke with were knowledgeable about the people they visited and showed genuine care for people.

Care plans indicated people's individual preferences for showers or baths, and staff placed value on completion of regular personal hygiene tasks to maintain people's comfort and dignity particularly where people experienced difficulties with continence management.

Equality and diversity training was embedded within the induction and competency workbooks used by the service. Care plans contained information about people's religious observance and cultural needs where appropriate. Records showed people had been supported to attend church services or links with religious faiths. This meant the service was meeting people's religious needs.

Outstanding ☆

Is the service responsive?

Our findings

People received a high standard of personalised care that was responsive to their needs. It was clear during our inspection that the registered managers had worked with the staff, people and their relatives to look for ways that would improve people's lives. Person-centred care was at the heart of the service and people were encouraged to be involved in all aspects of their care where possible. The registered managers and staff gave us numerous examples where they had responded over and above expected levels to meet the needs of the people.

One person had a history of behaviours that challenged. Staff worked tirelessly with this person and their family at introducing a positive behavioural support plan. Over the last 12 months incidents that challenged staff had greatly reduced. The positive behavioural support plan detailed the potential triggers and interventions for this person and the results had a positive impact on their health and wellbeing. This enabled staff to slowly introduce a detailed personal care support plan to encourage the person to inform staff when they needed this support. The person will now communicate with staff when they need this level of support. We were told previously this person has never accepted this level of support with their person care needs, which had a poor impact on the person's mental wellbeing. Further success was achieved by supporting this person to attend medical appointments for the first time. Previous non attendance had impacted on their health. The staff have worked closely with health professionals and developed a desensitisation plan which supported the person gradually to build trust with health care professionals. This plan included strategies, such as the care staff notifying health professionals on this person's fear of hospitals and attending medical appointments. Health professionals agreed to remove their white coats, their stethoscope or other clinical instruments which made the person much more relaxed and reduced their anxieties over time. Recently this person has had a medical procedure that was a success and we were told by whom, that previously this would not have gone ahead due to the person's severe anxiety. We spoke to the person's relative who commented, "Medical appointments have always been an issue. But credit to the care staff they have worked so well with [person's name] they will now attend appointments and recently a medical procedure went very smoothly, [person's name] would have refused this in the past."

The service used innovative and individual ways of involving people so that they felt consulted, empowered, listened to and valued. Following a severe decline in one person's health they required emergency treatment and spent a considerable amount of time in hospital. When they returned back home to Ashton Lane a number of key medical interventions were required to ensure this person's needs could be fully met. The provider delivered training in the use of Percutaneous endoscopic gastrostomy (PEG) for all the staff at the home. The provider also designed with the person and their family a detailed care plan for the PEG that ensured the person did not remove it. The provider ensured the person's DoLS was updated as they needed to ensure the support provided was the least restrictive option. The staff team worked closely with this person and at times provided one to one support to redirect them from touching the PEG. This has had a huge impact on this person's life as many medical professionals were concerned the PEG might not be suitable due to concerns the person may attempt to remove it and potentially the person would require nursing care. However, the registered manager was proud of the success story for this person as they are now comfortable with their PEG, which has resulted in the person gradually increasing their weight and

provided them with a better quality of life, as they can now continue with their previous interests.

People received appropriate care and were enabled and encouraged to set goals and develop new skills, providing them with a purpose and a goal to aim towards. Although people's care needs at Ashton Lane were complex, staff showed a real determination to help people fulfil and explore their interests and hobbies. For example, one person who spent a considerable amount of time in a wheelchair over the years wanted to become more independent with their mobility. Once the person's health became more stable, the staff worked with health professionals looking at how they could enhance this person's mobility. A specialised frame was introduced, which meant the person has been able to strengthen their leg muscles and can gradually use the equipment with staff support. We were provided with photos showing us how well this person had done and the amount of work the staff team provided to get the person to this level. People were encouraged to set yearly goals that the staff team supported them to fulfil. This demonstrated that staff were aware of the impact working towards a goal could have on people and had worked creatively to enable the person to regain their skills and pursue their interests.

Staff knew people well and the actions they should take to help reduce their anxieties. For example, staff explained that one person preferred routine and structure. Staff told us they were aware of the things which could upset them or make them anxious. This included if there was too much noise the staff would discreetly support the person to another area of the home. During the inspection we noticed staff discreetly support this person with a different activity as staff immediately noticed one of the person's triggers of banging on the table. This provided a clear example of how well staff were managing people's needs to provide them with person-centred support.

People's care and support was planned proactively with people and their relatives. Care plans contained information about people in an accessible format, for example, through the use of symbols or pictures; they were written in an easy-read style. The provider ensured templates had been put together in an accessible way, so that people were able to understand information about themselves that was being discussed. The files contained detailed personal histories, information on how each person liked to communicate and their likes and dislikes. We saw that this information had been used to personalise the care provided. For example, one person's communication care plan included descriptions of their facial expressions so that staff could interpret their mood and identify any requests for support. This helped to ensure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Communication passports were in place and these showed how staff should communicate with people in line with their preferences. These passports also included information relating to people's likes and dislikes, hobbies and interests.

At the time of our inspection, no one was receiving end of life care, however care staff explained they ensured people received constant support. They also explained how the registered managers and provider ensured staff were also supported during this time. Comments from staff included: "We have supported [person's name] with their end of life care in the past. We all felt well supported, as the managers were always on hand to provide the support we needed" and "I feel well equipped to provide end of life care, we have been trained very well in end of life and bereavement support."

Social contact and companionship was encouraged, which helped to protect people from social isolation. Staff supported people to keep in touch with their families and friends, and to maintain community links.

People regularly visited community facilities, such as sports centres, churches, pubs and restaurants, shops and local events like fetes. There were protocols and policies in place giving clear guidance to staff for these events, including adhering to disabled access routes where necessary. Staff told us relatives were involved in different aspects of the service including reviews, activities and events. They said this meant staff developed professional relationships with the relatives of the people who used the service which helped to provide a better quality of care for the individuals through joint working.

The service continued to provide people with a flexible activities programme which responded to their abilities, preferences, choices, moods and well-being. The majority of people went to organised daily activities, with staff accompaniment, as required. People were offered outings, day trips and supported holidays and were encouraged to participate in community activities of their choice. Appropriate risk assessments were in place to support the activity programme. It was well recognised within the service that it was imperative that people were kept busy and engaged with activities appropriate to their individual needs, and that had meaning to them. This was in order to avoid boredom or anxiety which could lead to people becoming apathetic which would be detrimental to their wellbeing.

It was evident during our inspection that the culture in the home centres on the people living there. We observed care staff doing music therapy on the first day of our inspection. People and staff were clearly having fun with lots of singing and laughter and participation with musical instruments taking place. We observed one person taking part who using a keyboard for a short time. The interaction between staff and people was excellent, there were lots of singing and it was evident that this was a regular event that took place from the daily notes viewed.

People were supported by the care staff for at least one holiday each year. The registered manager had been proactive in thinking about the potential risks for people in travelling abroad or in the UK. The registered manager told us they ensured that robust risk assessments were completed months before the holiday went ahead to ensure the environment was accessible and safe for the people and staff accessing them. Once people returned from their holidays staff supported them to produce a holiday photo album to enable people to look back at nice memoires. Photographs of people taking part in activities and celebrations were displayed. One person's relative told us, "[Person's name] goes away all the time, I could have never offered these kinds of holidays. If everyone had a Stockdales to go to the world would be a much happier place."

The staff were proactive in responding to people's comments and views. Regular keyworker meeting were held with staff to ensure people were listened to and had choice about their daily life, meals and activities. The provider also sought feedback from residents and family members through the use of a quality assurance survey questionnaire which was sent out yearly.

Information about how to raise a complaint was available in written and easy-read versions. This was displayed for people and their visitors. One formal complaint had been filed since the last inspection. This had been addressed promptly, thoroughly and transparently. People's concerns were taken seriously, whether expressed in words or through behaviour. Appropriate action was taken if people said or indicated they did not like something.

Good

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

At the time of the inspection there were two registered managers in post. One of the managers was also the assistant Chief Executive Officer (CEO) and was in the process of deregistering to work on other projects at Stockdales. 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.

Both registered managers said the provider was responsive and supportive and there were good relationships with the management team and staff at the home. Staff told us, "This is by far the best job I have ever had. Stockdales invest in their staff and always provide the training and support we require. I can always speak to [registered managers name] she is really supportive" and "I believe we make a difference to the clients lives, but this wouldn't be possible without the great support we receive."

Both registered managers were involved in the full operation of the home, from the direct delivery of care, daily routines and supporting community activities, through to monitoring and reviewing placements. Both managers had a very 'hands on approach' and presence within the service.

There was a well-developed performance framework which assessed the safety and quality of the service. We saw that where audits had identified that actions were needed, they had been carried out. The registered manager completed a monthly quality assurance report for the assistant CEO. The assistant CEO carried out their own checks on the service and wrote a summary quality assurance report for the CEO and the provider's trustees. We saw that the CEO also completed their own spot checks on the service. An action plan was created for any areas found during the audits to drive improvement. This meant there was clear accountability for the quality of the service throughout the organisation.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held. We saw how the team developed ideas and plans together so that all staff had ownership and were fully engaged in ensuring these changes were put into practice. We also saw that the CEO held monthly meetings with representatives from each of the provider's staff teams. The representative would then feedback the information to their colleagues and discuss each person at the service to establish their progress and if any additional support was required. This meant the staff were kept informed of any developments and plans the provider had.

Relatives were complimentary of the service and told us, "We need more Stockdales for people with physical disabilities, I cannot fault them" and "I am very happy with the service."

The service had good links with other care homes within the wider organisation, and with health and social

care professionals. The management team were using networking opportunities to implement improvements in care provision.

The provider continued to maintain the 'Investors in People' accreditation. This is an internationally recognised award which defines standards on the leadership, management and support for sustainable workforces; it demonstrates that an organisation is committed to the good management, development and support of its staff. The service had also achieved the Dignity in Care award from Trafford Council. The service had also agreed a set number of promises as part of this award, which some included: "Respect your wishes, privacy and treat you with dignity, value your opinions, contributions and your preferred way of life and provide meaningful activities and experiences so you can live a happy and fulfilled life." This meant that the service went the extra mile to support the people and its staff.

The registered manager is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We reviewed records held by the service and cross referenced these with statutory notifications submitted to CQC. We found notifications were made in a timely way and that appropriate records were maintained.

Ratings from the last inspection were displayed in the foyer of the home and on the provider's website.