Aitch Care Homes (London) Limited

Ashford Lodge

Inspection report

Ashford Lodge
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 20 April 2016 and was unannounced. The previous inspection was carried out in July 2014 and there were no concerns identified.
Ashford Lodge is registered to provide accommodation and personal care for up to nine people who have a learning disability. Ashford Lodge is in the village of Chilham, on the outskirts of Canterbury. Eight people were living at the service, seven people lived in the main building, and each had their own ensuite bedroom. People had access to two communal lounges, dining room, kitchen, laundry room and a communal shower room and toilet. Adjacent to the main building is a self-contained annexe which has one bedroom, lounge, kitchen and bathroom facilities. There is a well maintained garden, with vegetable patch and outside area with off street parking within the gated grounds.
The service has a newly appointed manager, who was present throughout the inspection and is in the process of applying to be registered with the commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People received their medicines safely and when they needed them. They were monitored for any side effects. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

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

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. When staff had completed induction training they had gone on to complete other training provided by the organisation. There was also training for staff in areas that were specific to the needs of people, like epilepsy and autism. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

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

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The

manager and deputy manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager, their deputy and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Some people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the manager had applied for DoLS authorisations for people who were at risk of having their liberty restricted. Some of these had been authorised and they were waiting for the outcome for others from the local authorities who paid for the people's care and support. There were records to show who people's representatives were, in order to act on their behalf if complex decisions were needed about their care and treatment.

Before people moved into the service their support needs were assessed by the manager or deputy manager to make sure the service would be able to offer them the care that they needed. The care and support needs of each person were different, and each person's care plan was personal to them. People had in depth care plans, risk assessments and guidance in place to help staff to support them in an individual way.

Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities of their choice. Staff spoke about people in a respectful way which demonstrated that they cared about people's welfare. Staff knew people and their support needs well.

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

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

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

Staff told us that the service was well led and that they had support from the deputy manager, who had managed the service whilst a manager was recruited, to make sure they could care safely and effectively for people. Staff said they could go to the new manager or deputy manager at any time and they would be listened to. Staff received regular one to one meetings with either the manager or the deputy manager. They had an annual appraisal, so had the opportunity to discuss their developmental needs for the following year.

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.

The management monitored and analysed accidents, incidents, and risks to make sure the care provided was safe and effective.

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

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

There was sufficient staff on duty to make sure people received the care and support that they needed. The provider had recruitment and selection processes in place to make sure that staff employed were of good character.

Is the service effective?

Good

The service was effective.

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

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

Staff understood the importance of gaining consent and giving people choice. People's rights were protected because assessments were carried out to check whether people were being deprived of their liberty and whether or not it was done so lawfully.

People's health was monitored and staff worked closely with health and social care professionals to make sure people's health care needs were met. People were provided with a range of nutritious foods and drinks.

Is the service caring?

Good

The service was caring.

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

People's privacy and dignity was maintained and respected.

Staff supported people to maintain contact with their family

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

Is the service responsive?

Good

The service was responsive.

People's care and support was planned in line with their individual care and support needs. Care plans were reviewed and kept up to date to reflect people's changing needs and choices.

Staff had a good understanding of people's needs and preferences. A range of meaningful activities were available. There was a strong, visible person-centred care culture. People were relaxed in the company of each other and staff.

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

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the leadership at the service. There was a clear management structure for decision making which provided guidance for staff. Staff told us that they felt supported by the manager and deputy manager.

There were systems in place to monitor the service's progress using audits and questionnaires. Regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

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

Ashford Lodge

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 20 April 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

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

We spoke with three people who used the service and with the manager, deputy manager, locality manager and two members of staff. After the inspection we spoke with one social care professional who had had recent contact with the service.

Good

Is the service safe?

Our findings

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

The provider had a clear and accurate policy for safeguarding adults from harm and abuse, along with the Kent and Medway multi agency safeguarding adults policy, procedure and protocols. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. All the staff we spoke with had received training on safeguarding people and were all able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. There were systems in place to keep people safe including a policy and procedure which gave staff the information they needed to ensure they knew what to do if they suspected any incidents of abuse. Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated by the management team, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

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

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. All medicines were stored securely in locked cabinets in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for. The supplying pharmacy had completed an audit of medicines on and there were no recommendations from this. In people's health care records assessments for self-medicating had been completed.

Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was written criteria for each person, in their health care plan and within the medicine files, who needed 'when required' medicines. Regular medicine audits were carried out by the manager or deputy manager

and medicines were counted at the end of each shift, we saw clear records of the checks that had taken place.

Robust recruitment practices were in place and checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check, checking employment histories and considering applicant's health to help ensure they were safe to work at the service. These records were held in staff files along with application forms and interview notes.

There were enough staff on duty to meet people's needs and keep them safe. During the inspection there were five support workers, the deputy manager and manager on duty. Staffing was planned around people's activities and appointments so the staffing levels were adjusted depending on what people were doing. During the day five members of staff supported people, this reduced to four members of staff during the evening and overnight there were two wake night staff to support people. The manager was available Monday – Friday and the deputy manager worked a mixture of office based hours and shift work. The deputy manager made sure that there was always the right number of staff on duty to meet people's assessed needs and kept staffing levels under review. One to one support was provided when people needed it. The staff rota showed that there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. There were plans in place to cover any unexpected shortfalls like sickness. On the days of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs and keep them safe. During the inspection staff were not rushed. Staff we spoke with felt they had enough time to talk with people and that there were enough staff to support people. An on call rota was on display in the office, This ensured there was always a senior member of staff available for the service to contact, and there was also an on call rota for locality managers to be contacted if necessary.

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

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. A 'grab file' was also in place. This folder contained brief but essential information about people's physical and mental health conditions and medicines and could be 'grabbed' in an emergency to pass on to other health professionals should the need arise. Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. Reports were then uploaded to the organisations online system, where the locality manager could access and patterns or trends could be identified.

Good

Is the service effective?

Our findings

People told us that staff looked after them well and staff knew what to do to make sure they got everything they needed. Staff worked effectively together because they communicated well and shared information. Staff handovers between shifts made sure that they were kept up to date with any changes in people's needs. Staff told us that they felt supported in their roles. We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs.

Staff had an induction into the service when they first began working there. This initially involved 'office' time where they spent time reading people's care records, e learning, policies and procedures and getting to know the service. They would then spend time shadowing experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an on-going programme of training which included face to face training, on-line training and distance learning. A training schedule was kept by the management which showed when training had been undertaken and when it was due to be renewed. Staff told us that they regularly completed training and that this included specialist training relevant to their roles and the needs of the people they supported, such as, courses about epilepsy, strategies for intervention and prevention for behaviours which may challenge others and autism. One staff member had recently attended Makaton training (a sign language) and was sharing what they had learnt with colleagues and people during meetings. The manager told us they were trying to obtain funding for further staff members to be able to attend the training.

Staff told us they had felt supported by the deputy manager, who covered in the absence of a manager. They said that they were listened to and were given the support and help that they needed on a daily basis and their requests were acted on. There were handovers at the end of each shift to make sure staff were informed of any changes or significant events that may have affected people. There was also discussion on what people had planned and the support and care people needed during the next shift.

Staff had individual supervision meetings and annual appraisals with either the manager or the deputy manager. The new manager was in the process of meeting with all staff individually and showed us their scheduled plan for this. This was to make sure staff were receiving support to do their jobs effectively and safely. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively.

The staff team knew people well and understood how they liked to receive their care and support, and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if

people became restless or agitated. People had clear, personalised communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving clear examples of different actions or signs people may give, and what these mean.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. People had received advocacy support when they needed to make more complex decisions. Applications had been made for deprivation of liberty safeguards (DoLS) authorisations for people who needed them, some had been authorised and others were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

Records showed that people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. There were mental capacity assessments in place to determine whether people had capacity or not to make decisions. The manager and their deputy had knowledge of the Mental Capacity Act 2005 (MCA) and the recent changes to the legislation. Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS).

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

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see. People's health was monitored and care was provided to meet any changing needs. Staff acted quickly if people became unwell and worked closely with healthcare professionals to support people's health needs. People had health action plans, these detailed how to support each individual to remain healthy and recorded details about appointments they attended, what happened and what action would be taken next.

People were involved in planning the menus, buying food and preparing some meals. Menus were displayed, with pictures, on boards in the dining room for breakfast, lunch and dinner. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection regular drinks and snacks were offered by staff and people were supported to make drinks with staff.

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

Good

Is the service caring?

Our findings

People told us they were happy living at the service and their comments about the staff were positive. There was a strong and visible person centred culture at the service. Care was planned around the individual and centred on the person. People received care and support from staff who knew them well. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. One member of staff commented, "I break things down into little sections, it helps people make their own choices".

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

People were given personalised care. Some people had specific needs and routines that were accommodated well by the staff. People were laughing and looked happy. When a person needed more time to continue with their routine staff supported them to do this. The routines at the service were organised around people's needs and were flexible. Staff supported people in a way that they preferred. There was a relaxed and friendly atmosphere at the service. People looked comfortable with the staff that supported them. People and staff were seen to have fun together and shared a laugh and a joke.

Staff were attentive. They observed and listened to what people were expressing. Pictures and photos were used to help people to make choices and communicate what they wanted. People responded well to staff and we saw staff interacting in a way with people that demonstrated they understood their individual needs and had a good rapport with them. Staff talked about and treated people in a respectful manner. People's preferred names were recorded in the care plan and we heard staff using these during the inspection.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted and there was no restriction on when visitors could call. People were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families and relatives.

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

People were moving freely around the home, moving between their own private space and communal areas at ease. One member of staff told us "Each person has their own space and spends their time where they

want". Staff knocked on people's doors before entering. Doors were closed when people were in bathrooms and toilets. People were given discrete support with their personal care.

People's care plans contained detailed information about their life histories. Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. People's care plans told us how people's religious needs would be met if they indicated they wished to practice.
People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

Good

Is the service responsive?

Our findings

People received the care they needed and the staff were responsive to their needs. The service had a strong, visible person-centred care culture. People were relaxed in the company of each other and staff. Staff had developed positive relationships with people and their friends and families. Staff kept relatives up to date with any changes in their loved one's health. One professional said "I have found the team very motivated and flexible in meeting the service user's needs".

When people were considering moving into the service they, and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not. Before people decided if they wanted to live at Ashford Lodge they had a number of 'transition sessions'. These were planned according to the individual and involved 'trial runs' of half days, full days and over-night stays to see if they were happy there. The care plans we reviewed showed that a pre-assessment was completed when a person was thinking about using the service. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best. We discussed the pre assessment process with the manager and deputy manager and they talked knowledgeably about how important this process is and in identifying whether or not they think the person would be happy to live with the people already living at Ashford Lodge.

Staff were able to demonstrate a good understanding of the people they supported. One staff member told us "We follow the care plans and guidance, I feel I know the service users very well". Within people's plans were life histories, detailed guidance on communication and personal risk assessments. In addition there was "How to support me" describing how the staff should support the person with various needs, and there was planning for the future. Care plans gave staff an in-depth understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's wishes and preferences and detailed guidance on people's likes and dislikes around food, drinks, activities and situations. Health action plans were also in place detailing people's health care needs and involvement of any health care professionals. Each person had a healthcare passport, which would give healthcare professionals details on how to best support the person in a healthcare settings if needed, such as if the person needed a stay in hospital. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff.

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

People were supported to attend a range of activities and staff supported people to undertake a choice of leisure activities within the service and in the community. Individual activity timetables were in place but there were flexible to each person, some people liked to have structured activities and others preferred the flexibility of not having their days structured. Activities included college courses, such as cookery, animal

care, or computer courses. Other activities included horse-riding, hydrotherapy, local walks, trampolining and pottery classes. People were supported to go on shopping trips in the services' vehicle. Activity plans also included activities within the service such as cookery, art and craft, pamper sessions and a visiting aromatherapist.

Some people had specific behavioural needs and these were well documented in their care plan. Staff showed that they were very clear about these needs and how to support them. Some people were able to say what they wanted, and staff were responsive to people if they became unsettled or unhappy about something.

Weekly 'house meetings' gave people the opportunity to raise any issues or concerns. Any concerns raised were taken seriously, recorded and acted on to make sure people were happy with the quality of service they received. During these meetings people were able to discuss and comment on the day to day running of the service. People were asked their views on any new members of staff to make sure they were comfortable with the new staff. Menus for the following week were also discussed and agreed at these meetings. People talked about what goals they had achieved and what their next goal was. Laminated cards on different topics such as complaints, respect and dignity were used to prompt and encourage discussion. Individual monthly keyworker meetings were held, which also gave people an opportunity to raise any concerns or worries they may have.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. No complaints had been made or recorded since our last inspection. The new manager was in the process of creating an easy read notice board area to make the information more accessible and visible to people.

Good

Is the service well-led?

Our findings

The service had a newly appointed manager that was supported by a deputy manager, senior support workers and support workers. The new manager had begun the process of applying to be registered with the Care Quality Commission. Staff felt that they had been well supported by the established deputy manager, and were getting to know the new manager, they felt that they were both approachable. One staff member commented, "We work well as a team, we support each other."

One staff member said, if they did have any concerns the manager and deputy manager acted quickly and effectively to deal with any issues. The manager and deputy manager demonstrated a good knowledge of people's needs. Staff had delegated responsibility for health and safety, doing daily allocated jobs and attending training courses.

The manager and deputy manager audited aspects of care both weekly and monthly, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. The audits identified any shortfalls and action was taken to address them.

The manager had support from the locality manager who regularly visited the service. They could also contact registered managers from other local services in the organisation for advice and support. People were able to interact with both the manager and deputy manager freely throughout our visit, throughout the day they responded to people in a personal way.

Systems were in place for quality checks, which the manager and locality manager had completed. Recent quality assurance surveys from relatives and health care professionals gave positive feedback. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

There were meetings for people and staff. The minutes of these meetings showed that there were opportunities to share ideas, keep up to date with good practice and plan improvements. Staff said there were always opportunities to discuss issues or to ask advice. The manager and deputy attended monthly locality meetings with other managers.

The manager and deputy made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff regularly on people's changing needs. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Staff commented, "We're definitely well supported" and "The deputy manager was excellent while we didn't have a manager, always supportive".

The visions and values of the organisation were hard work, compassionate care and excellence, the manager and staff were clear about the aims and visions of the service. People were at the centre of the

service and everything revolved around their needs and what they wanted. When staff spoke about people, they were clear about putting people first.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The manager and deputy manager of the service was aware that they had to inform CQC of significant events in a timely way and had done so.