

Homes Together Limited

Caxton Lodge

Inspection report

10 North Road
Ripon
North Yorkshire
HG4 1JP

Tel: 01765604418
Website: www.hometogether.net

Date of inspection visit:
04 October 2018
08 October 2018

Date of publication:
23 November 2018

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

Caxton Lodge is registered to provide residential care for up to 10 younger adults who may be living with a learning disability or autistic spectrum disorder, a physical disability or sensory impairment. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This inspection took place on 4 and 8 October 2018 and was announced. We gave 72 hours' notice of the inspection because the location was a small care home for adults who are often out during the day and we needed to be sure people would be in when we visited. At the time of our inspection there were 10 people living there.

The service was larger than the small local community-based settings recommended for providing good quality care for people with a learning disability. The majority of people who used the service were funded by other neighbouring local authorities. Good practice guidance recommends providers and commissioners should be working towards reducing the number of 'out of area' placements. Despite this the provider and registered manager had taken steps to develop the service 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 had a registered manager. They had been the registered manager since December 2015. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a deputy manager and a director of care in the management of the service.

At our last inspection in March 2016, we rated the service 'good'. At this inspection, we found improvements were needed to make sure the service was consistently safe and well-led.

Statutory notifications had not been submitted when legally required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this matter further outside of the inspection process.

The risk of choking had not been consistently well-managed. This placed people at increased risk of harm. We shared concerns regarding fire safety with North Yorkshire Fire and Rescue Service who visited Caxton Lodge. We will follow-up the actions needed to improve fire safety in more detail outside of the inspection process. We made a recommendation about developing audits and quality monitoring to more robustly monitor these shortfalls in future.

Staff were safely recruited. They were attentive to people's needs and quick to respond during our visits when people asked. Staff supported people to take their prescribed medicines.

Detailed plans were in place to guide staff on how to safely support people who might be anxious or upset and act accordingly.

Staff completed regular training on how to effectively meet people's needs. The registered manager used supervisions and appraisals to monitor staff's performance and support their continued professional development.

Staff sought people's consent and supported them to make informed choices. When people lacked the mental capacity to make particular decisions, best interest decisions had been made and documented on their behalf. The registered manager had made appropriate applications to deprive people of their liberty. This ensured their rights were protected.

The service was spacious and adapted to meet the needs of the people living there. It was a short walk to the local shops and amenities. Sufficient staff were deployed to enable staff to provide person-centred care and to support people to access the wider community.

People told us staff were kind and caring. We observed people and staff knew each other well and shared good caring relationships. Staff supported people to meet their personal care needs to help maintain their dignity. Staff treated people with respect. They offered people choices and listened and responded to people's requests. Information was available in an accessible format if people needed this.

People's care plans contained person-centred information to guide staff on how best to meet their individual needs. Staff worked closely with people who used the service and showed a good understanding of their needs. This helped staff to provide person-centred care. We made a recommendation about developing an end of life care policy.

Staff helped people to take part in a wide range of activities and to do the things they enjoyed. The provider had a complaints procedure to govern how they managed and responded to any complaints about the service.

People told us the service was well-led. Staff worked closely with professionals to make sure people's needs were regularly reassessed and that the care and support met their needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service required improvement to be safe.

Risk assessments were generally detailed and comprehensive, but the risks around choking had not been safely managed.

Improvements were needed to make sure safe systems were in place to support people in the event of a fire.

Staff were safely recruited and people told us they felt safe with the support they provided.

Staff supported people to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

Staff had regular training. The registered manager arranged supervisions and appraisals to support staff to provide effective care.

People's rights were protected. Staff sought people's consent or made best interest decisions if needed.

Staff helped people to make sure they ate and drank enough.

Staff worked with healthcare professionals to ensure people received the care and treatment they needed.

Is the service caring?

Good ●

The service was caring.

People told us they liked staff and they were caring.

Staff offered people choices and helped people to decide.

Staff supported people to help maintain their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and person-centred. Staff worked closely with people so understood what was important to them and how best to meet their needs.

Staff supported people to take part in a wide range of activities and to do the things they enjoyed.

The provider had a system to manage and respond to complaints about the service.

Is the service well-led?

The service required improvement to be well-led.

Statutory notifications had not been submitted when legally required.

The provider and registered manager used audits to monitor the service. The registered manager was responsive to feedback and committed to improving the service.

People who used the service, their relatives and staff told us the registered manager was person-centred, approachable and the service was well-managed.

There was a positive atmosphere and effective teamwork.

Requires Improvement 

Caxton 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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 and 8 October 2018 and was announced. We gave the provider 72 hours' notice of the inspection, because the location was a small care home for adults who are often out during the day and we needed to be sure people would be in when we visited. The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service. We contacted the local authority adult safeguarding and quality monitoring team as well as Healthwatch, the consumer champion for health and social care, to ask if they had any information to share. We used this information to plan our inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke with four people who used the service and three people's relatives. We used the 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. We spoke with the registered manager, deputy manager, director of care and two members of care staff. We also received feedback from five health and social care professionals who visited the service.

We reviewed three people's care plans, risk assessments and daily records. We checked the arrangements in place for managing medicines and recording accidents and incidents. We reviewed two staff's recruitment, induction, supervision and appraisal records, as well as training records, meeting minutes, audits and a selection of other records relating to the management of the service.

Is the service safe?

Our findings

Staff assessed people's needs to identify risks to their safety. They used this information to create risk assessments, which contained generally detailed information to guide staff on how to safely support people. However, we identified concerns about how risks around choking were managed.

One person who used the service had experienced a choking episode. This showed there was a high risk at mealtimes; however, a choking risk assessment was not in place. Another person was at risk of choking, but their care plan and risk assessment did not include guidance the speech and language therapy team had given on how to safely cut up their food. We observed both people were served food at lunchtime, which had not been appropriately cut up. This was unsafe and placed them at risk of harm.

We spoke with the registered manager who took immediate action regarding risk assessments and spoke with staff about the importance of providing consistently safe support at mealtimes.

At night one member of staff was on duty and 'on call' plans were in place for staff to seek help in an emergency. Although people did not routinely need significant levels of support at night, we were concerned about the arrangements in place to make sure people would be safely evacuated at night in the event of a fire. We spoke with North Yorkshire Fire and Rescue Service who visited Caxton Lodge to address these concerns. We will follow-up the actions needed to improve fire safety in more detail outside of the inspection process.

The provider had a safeguarding policy and staff had been trained to identify and report any safeguarding concerns. The registered manager had made safeguarding alerts to the local authority when necessary and acted to investigate and respond to issues that arose. This helped to keep people safe. However, statutory notifications had not been submitted to CQC when safeguarding concerns occurred. We have addressed these concerns in more detail in the well-led domain.

When an accident or incident occurred, staff recorded a detailed narrative of what had happened and how they had responded. We spoke with the registered manager about 'signing off' records to ensure appropriate action had been taken. For example, to make sure a choking risk assessment had been put in place following a choking episode and to make sure appropriate statutory notifications had been submitted following certain accidents, incidents or safeguarding concerns.

The registered manager kept a record of all accidents to help them monitor and gain an overview of the accidents and incidents occurring. Staff had discussed one person's accidents and incidents at a team meeting to explore patterns, trends and ideas for how to respond and reduce the frequency. This showed a positive approach to the management of accidents and incidents.

People told us staff were available to help meet their needs. A relative said, "Staffing levels are never a problem, it is brilliant as there is lots of one to one care for people to do things."

Staffing levels fluctuated during the day depending on the level of support funded by commissioners, the number of people staying at the service on any one day, and any planned activities or outings arranged. Staff gave positive feedback about staffing levels. We observed staff were available to provide person-centred support when needed and this was delivered in a caring and unrushed way. Staff patiently supported people to maintain their independence and to go out regularly throughout our inspection. The provider employed bank staff to help cover gaps in the rotas when necessary.

The provider safely recruited new staff. They completed application forms, interviews and had to provide references before starting work. The provider used Disclosure and Barring Service (DBS) checks to make sure new staff were not barred from working with adults who may be vulnerable.

We spoke with the registered manager about certifying copies of people's identity and right to work documents to record they were true copies of the originals.

People said they liked living at Caxton Lodge and told us they felt safe. Other people moved confidently around the service and responded positively to the staff who supported them. This showed us they felt safe.

Detailed plans provided guidance to staff on how people might respond if they became anxious or upset. They included information about what might cause this and detailed strategies on how staff should respond to distract the person and defuse the situation. This supported staff to provide consistent support to help keep people safe and promote their wellbeing.

The provider had a medicine policy and staff were trained to safely administer medicines. The registered manager completed annual medicines competency checks to monitor staff's practice.

Medicines were stored safely. Staff completed accurate records to document the support provide for people to take their medicines and to monitor stock levels. We observed medicines being administered and saw this was done safely and in line with good practice guidance.

There had been some medicine errors recently, but the provider and registered manager had acted to investigate these to prevent similar errors happening again. This showed lessons were learned and improvements made when things went wrong.

The home environment was clean and well maintained. Relatives said, "[Name's] bedroom is always spotlessly clean" and "It's nice and tidy like I would have it at home." Staff completed infection control and food hygiene training and were observed using appropriate personal protective equipment, such as gloves and aprons, to minimise the risk of spreading germs.

Is the service effective?

Our findings

Staff assessed the needs of people who used the service and used this information to develop individual support plans to set out how they would effectively meet their needs. This helped to guide staff on how to provide effective care and support.

People praised the effective care staff provided. Relatives said, "They look after [name] well. Some of the staff have been there for years and are fantastic, they know what they are doing" and "Most of them are really, really good."

The registered manager used an induction checklist to make sure new staff had been given the information they needed to provide effective care. Staff completed online eLearning as well as face to face and practical training courses. They gave positive feedback about the training. One member of staff said, "The training is really good, I spent a couple of weeks when I first started doing all the mandatory training and there is a lot of courses they will put you on if you want to do them."

Training had to be regularly reviewed and updated to help staff maintain their knowledge and skills. Alongside training, new staff also shadowed other members of the team to learn about the people they supported and how to meet their needs. One member of staff explained, "I shadowed quite a lot for a good few weeks watching and making notes and then the other staff would shadow me to watch me doing personal care to make sure I was doing it right."

Staff had regular supervisions and the registered manager completed an annual appraisal of their performance. They used these to monitor staff's performance, their roles and responsibilities and to support and encourage staff to continually develop and improve their practice.

The service was light and spacious. People had their own bedrooms and there were a number of communal areas for them to use and enjoy. Staff had supported people to personalise their bedrooms according to their individual preferences. People told us they were happy with their bedrooms and liked living at the service. The registered manager had made sure equipment or reasonable adaptations were in place to enable people to have choices, promote their independence and enable them to move freely throughout the building.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood the importance of consent and supported people to make decisions throughout our inspection. One member of staff said, "For a lot of the people we ask them what they would like to do; some people do struggle with making decisions, but we give them as much independence as we can rather than making decisions for them." They explained how they showed people options or used sign language to aid communication and support people to make choices.

Staff had assessed people's mental capacity to make particular decisions and made best interest decisions when necessary. A professional told us, "The staff always make me aware of any issues and any choices and decisions to be made on behalf of [person who used the service] and I find this a good practice as it safeguards them." The registered manager had applied for DoLS when necessary.

People who used the service gave positive feedback about the food provided. They said, "We have a choice of what we want, but if we don't like the choices we can have a soup or an omelette or there is something we can have instead" and "The food is nice, it varies. I usually have seconds."

Relatives said, "I know they have good meals. They are always cooking and I can smell how good the food is when I visit" and "They have weekly meetings and all sit down and decide what meals they want. I've popped in when they have been serving food and they are very generous. Its very health too, yoghurts and fruit, [name] said they are encouraged to eat lots of fruit."

People's care plans included information about their nutritional needs and showed staff weighed people to monitor and make sure their needs were met. They encouraged people to eat their meals and offered alternatives if they did not like what was provided. Staff explained the importance of monitoring people's weight and the additional support they had provided to encourage a person who used the service to put on weight.

People had 'health action plans', which recorded information about the support they required to meet their health needs. Detailed protocols were in place regarding the support staff provided to manage the risks associated with specific medical conditions such as epilepsy and diabetes. Staff worked closely with healthcare professionals and people regularly visited and had reviews with their GP. Staff were proactive in supporting and encouraging people to attend appointments and seek medical attention when needed. Staff completed 'health passports' to support the effective sharing of information if people were admitted to hospital.

We received positive feedback about the working relationships staff shared with professionals. One professional said, "The home have always responded appropriately and quickly when there has been any change in needs. Caxton Lodge have sought support and made the appropriate referrals to health professionals."

Is the service caring?

Our findings

People who used the service told us staff were kind to them and were caring. Comments included, "They are nice", "I get on well with them" and "The staff are very nice. I get on really well with them and have a bit of a laugh with them."

Relatives of people who used the service said, "It doesn't feel like a care home; it's a very relaxed and friendly environment" and "Staff are down to earth, but they do their job and are a really friendly. They are a good group of staff." Professionals said, "[Name] always talks positively about staff, how they are treated and how happy they are" and "I have observed staff speak to the service users in a caring and appropriate manner with clear knowledge of their likes and dislikes."

The provider employed a small team of permanent staff who worked closely with people who used the service. This helped people get to know the staff who supported them and to develop meaningful relationships with them. We observed staff were friendly and smiled at people as they moved about the service, they took time to stop and talk with people and showed an interest in what they were doing. People knew staff's names and responded positively to them showing us they valued their company.

Staff supported people to meet their personal care needs and to dress according to their personal preferences. A professional said, "They [person who used the service] are well cared for and looked after. They have a good quality of life and see the service as their home and family. They always appear and look happy."

Staff supported people to maintain their privacy and dignity. Conversation in communal areas were discreet and respectful. For example, staff talked with people and explained what they were doing when helping them to put on clothes protectors at mealtimes. Staff encouraged people to go to their bedroom or a bathroom when they needed support with personal care. A relative told us, "Personal care is always handled really tactfully, there is never any issues, [name] is never embarrassed."

Staff had training on diversity and equality and understood the importance of making sure people were not discriminated against. They made sure reasonable adjustments were in place to maximise people's independence. For example, people had special cutlery and used plate guards to help maintain their independence at mealtimes. One person had a visual impairment and staff were careful to explain what food was on their plate and where it was. This enabled them to eat independently.

Care plans reinforced the importance of maintaining people's independence. They provided clear information about what people did for themselves, reinforced the importance of offering choices and guided staff on how prompts and encouragement could be used to help people complete tasks independently.

People's care plan included information about how they communicated. This helped staff to understand people's verbal and non-verbal communication, which was important in making sure they could express

their wishes and views and make choices in their daily lives.

People who used the service told us staff listened to them. Staff understood the importance of supporting people to make decisions. A member of staff explained, "I ask people what they want to do, but [name] for example has no vocabulary so we do the things we know they like to do." A professional said, "The staff culture and practice is good in their approach, response and giving choices to residents."

The registered manager had a very good understanding of the role of advocacy services and the importance of making sure people's wishes and views were heard and were central in decisions made about their care and support. Advocates represent people and support them to communicate their view on matters that are important to them.

Is the service responsive?

Our findings

People told us staff listened to them and responded to their needs. Relatives commented, "If there is anything we query or we would like done differently, we just say and it is done straight away. Staff go a long way to make sure things are just right" and "The staff are really good. They do whatever they can for [name], and at times they go over and above what they are obliged to do." A professional said, "The service is quick to respond, review and put services in place and contact me with any changes."

Each person who used the service had detailed care records, which included person-centred information about them, important people in their lives as well as their hobbies and interests. They included sections on people's preferred morning and evening routines, with detailed narratives to help staff understand what was important to them and how best to provide support.

Staff explained how reading people's care plans and the close and regular contact with the people they supported helped them get to know their needs and how to support them. They said, "You are always learning new things about people, we spend time with them, because they are all so individual and unique", "It is not a big service so you get to know the people quite well, and because it's smaller the care we can give is a lot more personal" and "We spend a lot of time here so it is easy to pick up on what support people need."

Staff used daily records and monitoring charts to make sure people's needs were met. If necessary, they recorded what people ate and drank and the support provided with personal care and going to the toilet. Records were detailed and consistently completed and provided a good overview of how staff monitored and met people's individual needs.

Each person who used the service had a 'keyworker' who took the lead on supporting that person and completing monthly reviews. This system helped ensure people received individualised care. Records showed people's care and support was regularly reviewed and this process included the person, their family and professionals including the local authority who commissioned the service.

Relatives praised the communication and told us they were consulted and involved in planning and reviewing the care and support provided. One relative said, "[Registered manager's name] talks to me and tells me what is going on and [deputy manager's name] always rings me if they have been to hospital to tell me what's going on. They talk to me as if I am one of the staff."

Staff recognised the importance and were proactive in supporting people to maintain their independence. A member of staff explained, "We promote independence and there is so much choice, we get people to help make a cup of tea rather than just doing it for them." A relative said, "The staff do like to encourage people to do a lot of things for themselves, so they will say 'come on let's tidy your bedroom'. It is all kept nice and clean." Staff supported people to put clothes in the washing, clear up after lunch and to clean their bedrooms to help maintain their independence and promote daily living skills.

The service specialised in supporting younger adults. At the time of our inspection, staff had not needed to support anyone with end of life care. The provider told us that because of this, they had not needed and did not have an end of life policy. We recommend the provider develops an end of life policy to guide staff on how to meet people's needs if end of life care was needed in the future.

Staff supported people to take part in a variety of activities and to pursue their hobbies and interests. People who used the service said, "We've been to a number of places" and "I go out with the staff anywhere I want to go. We go out in the car on Saturdays to have a drink or an ice cream. We have loads of choices going out." A relative told us, "They go out a lot, they go out every day. They'll go out and to the shops or to the park, or to Knaresborough for a day out" and "If [name] says they want to go out they will take them out." A professional said, "They have adapted the activities and amount available on an individual basis recognising the changing needs in terms of interests. The service user I work with has a good quality of life with a very personalised timetable."

The service was in Ripon and close to shops and local amenities. During our inspection staff supported people to walk into town to do shopping and visit the cafes and restaurants. This helped people ensure people were a part of their local community. One person who used the service said, "If you need anything from town its within walking distances to get different bits." Other people went to day services or out for walks. An exercise class was held at the service and people told us they enjoyed these sessions.

Staff showed a good understanding of what was important to people and the things they enjoyed doing. People's care plans included activities timetable and daily records showed staff supported people to engage in regular and meaningful activities. This included trips to local attractions, to go out for food and drink, for trips in the car, to day services and to do shopping or households tasks such as recycling.

Staff helped people to stay in contact with relatives and maintain important relationships. Relatives said, "People just drop in and we are very much made to feel welcome", "Staff are great I can go anytime I want and they are always welcoming" and "We get on really well with the staff and are made to feel welcome."

The provider had a complaints procedure setting out how they would handle any complaints about the service. This was available in an 'easy-read' format to help people who used the service understand the process. Easy-read information involves using simple words and pictures to make information more accessible and easier to understand for people with learning disabilities.

People who used the service told us they felt able to speak with staff or the registered manager if there was anything they were worried or unhappy about. A person who used the service told us, "They [staff] try and put whatever it is right." A relative said, "If there is anything [name] wasn't happy with they would say so immediately."

Is the service well-led?

Our findings

The provider and registered manager had not submitted statutory notifications when legally required. Notifications include information about events or incidents that occur, which affect a service or the people who use it. During the inspection, we identified five safeguarding incidents, a serious injury and three authorised deprivations of liberty which had not been notified to CQC. It is important statutory notifications are submitted correctly to enable CQC to monitor the quality and safety of the service.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We are dealing with this matter further outside of the inspection process. In response to our feedback the registered manager acted to submit the necessary notifications.

Throughout our inspection the registered manager was quick to respond to feedback and acted to make changes or explore suggestions to improve the service. For example, we spoke with them about how wipe clean pull cords in toilets and bathrooms could be used to reduce the risk of spreading infections and they acted to order these.

There were systems in place to monitor the service. The registered manager regularly reviewed training, supervisions and appraisals completed to make sure staff were up-to-date with these. They collated information about accidents and incidents to support them to identify any patterns or trends.

Weekly medicine audits and an annual pharmacy audit helped the registered manager continually monitor the safety of the support provided with people's medicines. Health and safety audits helped to make sure the home environment was safe and well maintained. The director of care regularly visited the service and had introduced a new audit tool to support the ongoing review and monitoring of the service provided at Caxton Lodge. Whilst these showed a positive approach to quality assurance, these checks had not ensured statutory notifications had been submitted as legally required and had not identified and ensured adequate fire safety practices were in place.

We recommend the provider and registered manager review their auditing practices to ensure these shortfalls are more robustly monitored in future.

People who used the service told us they liked living at the service and they felt it was well-led. Comments included, "It is the best house that I've lived at" and "[Registered manager's name] is a good manager, they help me a lot."

Relatives told us, "We are highly delighted with them and have never had any issues. They seem to be able to cater for everyone's needs and work things out really well. [Registered manager's name] is very friendly, but has got the respect of the staff as well" and "[Registered manager's name] is really, really good, they seem to have everything organised pretty well and they go above and beyond what they need to do."

Professionals said, "The service is well-led. It is customer focussed and person-centred. The service puts the customer's needs first and the management and leadership are on board in achieving the best quality of life for each customer in their care" and "I have observed the management to have a good rapport with staff and there appears to be a positive culture of open communication and management being available to staff."

The registered manager was committed to continually improving the service. They made sure annual questionnaires were sent out to gather feedback from people who used the service, relatives, professionals and staff. These showed the registered manager listened and responded to people's feedback making improvements when needed. For example, issues had been raised in the 2017 survey about paintwork and decoration, which had been addressed with areas of the service repainted. The registered manager explained that they also planned to organise meetings for people who used the service to gather feedback and share information about the service.

Staff worked well together. There was good teamwork and communication, which contributed towards a positive atmosphere within the service. Staff told us, "I love the company and love the job" and "It is a close team, everybody gets on well and mucks in together and supports each other."

Staff told us the registered manager was approachable and that advice and guidance was always available if needed. They said, "It is well-led. The management are well trained and experienced. They are approachable so if you do have a problem you can ask them anything and they will try and help you" and "The management are really good in my opinion, they are the best manager I have had. They recognise what I am good at and help me improve and pick up on things I am not as good at and help me improve that too. [Registered manager's name] has been really supportive and tries their best to sort everything out."

The registered manager held regular team meetings to share information and guidance on good practice as well as to discuss people's needs and how best to support them. Team meetings were used to set goals and targets and showed the registered manager openly communicated with staff to discuss the running of the service and how it could be improved.