

Baronsmede Support Services Limited

The Old Haybarn

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Old Haybarn is a residential home providing accommodation, care and support for up to seven people with a learning disability. On the day of inspection there were seven people using the service. We carried out an unannounced inspection of The Old Haybarn on 3 March 2017.

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

People were safe at the service. People were protected from the risk of harm as staff were trained in how to identify and respond to concerns of potential abuse. Staff understood their responsibility to report any concerns to the registered manager and knew how to whistle blow to help keep people safe. Staff assessed and managed risks to people's health and wellbeing.

People's support needs were met, as there were enough numbers of staff on each shift. Appropriate recruitment procedures followed at the service ensured people received care from staff suitable for their role.

People received their medicines safely when needed from staff assessed as competent to do so. Medicines were managed appropriately and regular checks ensured any concerns were identified and resolved promptly. The premises were well maintained and safe for people to use.

Staff were effective in their role as they were trained, supervised and appraised on their performance. Staff were supported to undertake nationally recognised care qualifications and their training was reviewed and updated regularly.

People's rights were upheld as required under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Best interest's procedures were followed when people were unable to make decisions about their care. People's consent was sought and obtained by staff before they received care. Staff respected people's choices and delivered care in line with their preferences.

People enjoyed the food provided at the service. Staff supported people to have enough to eat and drink. Staff monitored people's well-being and involved health care professionals to ensure their needs were met.

People were cared for by kind and caring staff. Staff knew people well and understood their individual needs and how they wanted care and support provided. People's dignity and privacy was respected.

Staff involved people in making decisions about their care. People's needs were identified and plans were put in place on how to provide their care. Staff regularly reviewed and responded to people's needs. People

enjoyed taking part in a wide range of meaningful activities offered at the service. People's views about their care were sought and their feedback used to improve the service.

People and staff spoke positively about the registered manager and the way the service was managed. There was an open and inclusive culture at the service. Staff felt valued at the service and their feedback was considered. The quality of the service was assessed and monitored to ensure improvements were made to the care people received.

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 

Staff knew how to protect people from abuse. Risks to people were assessed and managed by staff.

The provider followed appropriate recruitment procedures before new staff started work. There were sufficient numbers of staff on duty to meet people's needs.

People received their medicines safely from competent staff. Medicines were appropriately stored and managed.

Is the service effective?

Good 

The service was effective. Staff had the skills and knowledge to provide appropriate care to people because they had received training, supervisions and appraisals.

People gave consent to care and treatment. Staff upheld people's rights in line with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were offered meal choices and received enough to eat and drink. People's healthcare needs were met.

Is the service caring?

Good 

The service was caring. People's care was provided with kindness and compassion. People were involved in planning their care. Staff knew people well and understood their communication needs.

People were treated with respect and their dignity and privacy maintained. Staff encouraged people to be as independent as possible.

Is the service responsive?

Good 

The service was responsive. Staff provided care that met people's individual needs and took into account their preferences. Staff reviewed regularly people's health and responded to their changing needs.

People were supported to pursue their interests and enjoyed the varied and meaningful activities offered at the service.

People knew how to make a complaint and were confident any concerns would be resolved.

Is the service well-led?

Good ●

The service was well-led. People and staff were positive about the registered manager and the leadership of the service. An open and inclusive culture put people at the centre of the service.

Staff felt valued and their ideas and feedback about the service were used to drive improvement. The service had good links with the community to improve people's quality of care.

The quality and safety of the service was assessed and monitored to ensure people received consistent good standards of care.

The Old Haybarn

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 unannounced inspection took place on 3 March 2017 and was carried out by one inspector.

Prior to the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about events that occurred at the service. Statutory notifications include information about important events, which the provider is required to send us by law. We used all this information to plan for the inspection.

During our inspection, we spoke with seven people using the service. We spoke with the registered manager, day services coordinator, administrator and two members of the care team.

We reviewed five people's care records including daily records and medicine administration records. We looked at five staff records including recruitment, training, supervision and appraisal. We reviewed records relating to the management of the service including staff team meetings, complaints and compliments and quality audits. We checked feedback the service had received from people and their relatives.

We undertook general observations of how staff treated and supported people throughout the service. 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.

After the inspection, we received feedback from three healthcare professionals.

Is the service safe?

Our findings

People told us they felt safe living at the service and were comfortable around the staff who provided their care. One person told us, "They look after us very well." Another person said, "We are safe here. I have no worries at all." A relative told us, "The staff know [relative] well. I don't have any concerns about their safety."

People were protected from potential harm, because staff knew how to identify and report abuse. A member of staff told us, "I know the signs of abuse and what to lookout for. I would report to the [registered] manager any concerns without delay and record relevant information." Staff explained the types of abuse and how people would present themselves if they were at risk. Records showed all staff had received safeguarding training. Safeguarding policy and procedures were up to date and contained sufficient guidance for staff on how to handle any allegations of abuse. The registered manager understood their responsibility to inform the local authority safeguarding team any concerns to ensure investigations were carried out when needed. The registered manager carried out a monthly review of safeguarding issues raised to ensure that prevention and control measures were in place and appropriate.

Staff knew how to whistle-blow about poor practice or concerns that were not resolved at the service. Contact details for the local authority safeguarding team and external agencies were available to staff if they needed to raise a concern.

People were supported to keep safe from known risks to them. People were supported by staff to complete an 'assessment of risks in my life' such as malnutrition, financial abuse and isolation. Risk assessments had sufficient guidance for staff on the actions necessary to support people to be safe whilst promoting their independence. The registered manager sought specialist advice for concerns such as choking and seizures to ensure staff had appropriate guidance to reduce the identified risk. We spoke with staff about how they would respond to a person having a seizure. Staff had received epilepsy training and explained the actions they would take to help a person keep safe.

The premises were safe for people to use. Regular checks and maintenance of the premises and equipment ensured the safety of people. Weekly health and safety checks were completed on smoke and fire alarms, fire extinguishers and emergency lighting to ensure these were in good working order. Records confirmed electrical equipment and gas appliances were routinely serviced to enhance people's safety.

Staff knew how to deal with an emergency at the service. For example, they had guidance on how to support people in the event of a fire. Staff told us and records confirmed they attended regular fire drills to ensure they understood how to support people to evacuate safely. There was a fire policy in place, which staff could refer to when needed. The service carried out a quarterly fire risk assessment to ensure the safety of people. All staff had received training in fire safety awareness and emergency first aid to ensure they understood what to do support people safely.

People told us their support needs were met in a safe and timely manner. There were sufficient numbers of

staff deployed to meet people's needs. One person told us, "I get all the help I need. There is always a member of staff available to help." A relative said, "Always sufficiently staffed." A member of staff told us, "We are always adequately staffed. During the day, we have more than enough help as the registered manager and office staff are ever ready to help." Staff told us they were aware of their shift patterns in advance to ensure their availability. The registered manager told us and records confirmed they determined staffing levels according to people's needs for example, outings, appointments and activities were covered by additional staff. We observed people's requests for support were attended to promptly for example, a person received the help they required to make a cup of tea.

People received safe and appropriate care at the service. People were involved in the recruitment of new staff. One person told us, "It makes me feel safe knowing I helped to choose them [staff]." The service had not recruited any new staff in the past 12 months because of a stable staff team. The provider had followed appropriate recruitment procedures to ensure staff were suitable to provide care. Pre-employment checks included obtaining references, criminal record checks, verification of photographic identity, confirmation of the right to work in the United Kingdom and a satisfactory health questionnaire.

People received their medicines safely. One person told us, "I have my medicines just about the same time every day." Staff assessed people's ability to manage their medicines and supported them as required. We observed a member of staff explain to a person what medicines they were taking and their importance to them.

Appropriate arrangements were in place, which ensured medicines were securely and safely stored at the service to minimise the risk of misuse. Medicines administration records (MAR) charts contained sufficient details about a person including allergies, to ensure safe administration of medicines. Regular checks and audits of medicines ensured people received their medicines as prescribed and that staff had followed the provider's procedures. Staff told us and records confirmed they were trained and assessed as competent to manage people's medicines and underwent an annual assessment. Staff had sufficient guidance for 'when required' or PRN medicines for example, when people were in pain. MAR for the six weeks prior to our visit were completed accurately and did not contain any gaps which showed people had received their medicines. We carried out checks on medicines stocks of two people and the balances tallied with the MAR entries.

Is the service effective?

Our findings

People told us staff were competent in their role. One person told us, "They do a good job." Another person said, "Staff know what they do." A relative told us, "Staff are well trained. They understand how [relative] ought to be supported. I have no concerns at all about their knowledge of the job." A healthcare professional commented, "I have found the staff to be very professional." We observed people had good rapport with staff and the registered manager and that they communicated well with each other.

People received support from staff who were inducted into their role. All new staff undertook a service specific induction to support them to understand their role. This included attending the provider's mandatory training, meeting people, familiarising themselves with care and support plans and reading organisational policies and procedures. New staff had completed a care certificate training, which gave guidance on the quality of care they were expected to provide to people. Staff told us and records confirmed new staff 'shadowed' experienced colleagues and had regular meetings with the registered manager to discuss their progress during induction. The registered manager monitored new staff's performance during the probationary period and confirmed them in post on successful completion of their induction and the care certificate.

People were cared for effectively as staff were trained and skilled for their role. Staff had received training considered essential by the provider, which included medicines management, manual handling, emergency first aid, food hygiene, person centred care, safeguarding adults, infection control, health and safety and equality and diversity. Staff had received specific training to meet people's individual needs, which included epilepsy, autism and positive behaviour support. Staff told us the training enabled them to provide appropriate support to people. Staff were satisfied with the training and professional development options offered to them by the provider. A member of staff told us, "The [registered] manager is very supportive. Once we identified my potential she put a plan in place [I] am studying for a [care] vocational course." The registered manager maintained a record of regular and refresher training and ensured staff attended when due to ensure they were up to date with their knowledge and current practice.

People received care from staff who were supported to undertake their work. Staff were supported to develop the skills and knowledge relevant to their role and responsibilities. One member of staff told us, "My supervision sessions are enjoyable and further my learning. The support is there." Staff told us and records confirmed they received regular supervision and an annual appraisal of their performance from the registered manager. Supervision records showed staff were involved in developing themselves and discussed their training needs. For example, all staff were scheduled to attend positive behaviour support training. Appraisal notes showed they discussed job satisfaction, further training required, people and the support they required and any concerns staff might have.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People gave consent to care and treatment. One person told us, "Staff never do anything without asking. I get choices on everything." A member of staff told us, "We give people choices, a bath or shower, breakfast in their room or the lounge and ask what activities they want." People had signed consent forms on the arrangements for attending health and social care appointments. For example, a person was supported to attend medical appointments for reassurance.

The registered manager and staff had good awareness of the MCA and how it empowered and protected people who may not be able to make some decisions for themselves. Care records showed how staff supported people to understand the nature of the decision by using short sentences, showing items and giving few options at a time. Staff told us they respected people's decisions and wishes when they did not want to do something and had recorded this in their care plans. Staff supported people who were unable to make complex decisions about their care by following the best interest's process and involving healthcare professionals and relatives. Mental capacity assessments were carried out when necessary to determine a person's ability to consent to care and support. Care records contained detailed notes on the decisions made in a person's best interests. Staff told us and records confirmed they had received training on the MCA.

People's rights were protected in line with the requirements of DoLS. Staff had received training on DoLS and were able to explain that they needed authorisation from a supervisory body to restrict people of their freedom and liberty. The registered manager had applied for seven but had received DoLS authorisations for three people living at the service. Records showed people were supported in line with the authorisation for example, accessing the community safely.

People told us they enjoyed the food provided at the service. One person told us, "The meals are tasty and we have a wide selection to choose from." Another person said, "The food is freshly cooked and we have a say on what's prepared." A relative told us, "The meals are of very good standard." Staff supported people to have enough to eat and drink. People were involved in meal preparation and took turns to lay out the table. Records confirmed staff involved people in menu planning and took into account their preferences, likes and dislikes. The menu provided healthy options and included fruit and vegetables. Staff told us and records confirmed they monitored people's weight to make a referral to the GP if they had any concerns about their nutritional and dietary requirements. We observed people had a choice of cereals, juices and cooked breakfast and they ate independently without any need for support. We saw meals were freshly prepared at the service and people had access to a choice of refreshments, snacks and fresh fruit.

People were supported to maintain good health and had access to healthcare services. One person told us, "I see my GP anytime that I'm unwell. Staff come with me to hospital and dental appointments." A relative told us, "Staff do not delay in getting the GP. We are informed of any changes in [person's] health." A health care professional told us, "Staff are quick to notice changes to people's health and contacting the GP promptly." Staff monitored and reviewed people's health and sought advice from the GP on how best to provide their care. Records showed staff made a referral to a dietician for healthy eating guidance. Information was shared in daily handover meetings about people's changing needs and outcomes of visits to healthcare professionals to ensure people's needs were met appropriately. Records confirmed staff arranged appointments for people to see the GP, chiropodist, dentists and opticians and maintained notes of the visits made. Care records contained sufficient information about people's treatments plans, the support they required with their health needs and any further appointments.

Is the service caring?

Our findings

People spoke positively about the staff and the care they received at the service. One person told us, "The staff are really kind, caring and polite." Another person said, "They [staff] genuinely care." A relative told us, "The staff look after [relative] well. I am pleased with the level of care." A healthcare professional commented, "I have watched the staff closely on a one to one with [person]. They are always very kind and very patient with [person]." Another professional said, "The Old Haybarn is a home in the best sense of the word where each resident is treated as an individual and loved."

People had developed good relationships with staff most of whom had worked at the service for a number of years. People told us they were familiar with the staff that supported them. The atmosphere at the service was relaxed and pleasant and people looked comfortable around staff. Staff understood people's communication needs and conversations between them were friendly and had appropriate humour. Staff were respectful towards people, showed interest in their needs and patience when they supported them. We saw a member of staff reassure a person when they appeared distressed. We observed positive interactions between people and staff throughout the inspection.

People and their relatives were involved in making decisions about their care. One person told us, "The staff ask how I want to spend my day." Another said, "I do talk to staff about what I want to do and they support me." Care plans showed people were involved in planning their care and support at initial assessments and reviews.

Staff had good knowledge and understanding of the people and their needs and were aware of their likes and dislikes. A member of staff told us, "We know about the things that people enjoy doing as well as those that might make them upset or anxious and try to avoid these." Staff had clear information about people's communication needs and had guidance on how to understand their behaviours and body language. The registered manager understood when it was necessary to support people to access advocacy services. This was to ensure people unable to have their views or choices known would receive the support they required to speak up and have these heard.

People received the support they required to maintain relationships important to them. For example, staff arranged with a person to visit their relatives, which they were known to value. One person told us, "I enjoy visiting family and friends. Staff organise my trips." Records confirmed people were encouraged and supported to visit their relatives as they wished. The registered manager invited family and friends for events such as birthdays, festive occasions such as Christmas parties which relatives confirmed they enjoyed. People's rooms were decorated according to their own taste and displayed family photographs and other ornaments, which made it homely and comfortable.

People told us staff respected their privacy and dignity. They said staff treated them with respect and encouraged them to do as much as possible for themselves. One person told us, "They [staff] knock before coming into my room." Another person said, "The staff explain things before they give me a wash." Staff had a good understanding of how to protect people's privacy and dignity. For example, we observed staff

knocked on people's doors and waited until they were called in. We saw doors were closed when staff provided personal care to people in their rooms. Staff were discreet in their conversations and kept people's information confidential. People's records were securely stored and only accessible to authorised staff.

People received the support they required to maintain their independence. One person told us, "I do what I can for myself like bathing. The staff help to get me dressed." Another person said, "I enjoying cooking and take turns in preparing meals." Staff had information about people's support needs and what they could do on their own. For example, a person's record showed they could brush their teeth independently. Another person was to be encouraged to clear the table after their meal. A member of staff told us they supported people to do as much as they could to maintain their daily living skills.

Is the service responsive?

Our findings

People and their relatives were happy with the care and support provided at the service. One person told us, "The staff are always helpful." Another person said, "They support me when I need assistance." A relative told us, "The staff are proactive and support [relative] as needed. We are delighted with the level of care and don't have any worries at all." A healthcare professional told us, "We are kept informed about any relevant issues about people's health in a timely manner."

People received individualised care. People's needs were assessed prior to living at the home to ensure the service could provide appropriate support. Staff used the provider's assessment tools to identify the needs of people, expected outcomes and to develop each person's care plan. Care records were person centred and contained information about people's physical and mental health, background and preferences. Each person's support plan described how they liked their personal care provided and the support they required with their eating and drinking. Staff understood people needs and the support they required with their health, developing of new skills and maintaining their independence. Staff told us and records confirmed healthcare professionals such as the social workers were involved in assessments to ensure they had accurate information about people's individual needs and the support they required.

People received care that was responsive to their needs. Staff carried out regular reviews of people's needs and adapted the support they provided to ensure they received appropriate care. One person told us, "I attend meetings with staff and my family comes along to talk about my care." A relative told us, "The meetings are well coordinated. We are contacted if there are changes to [relative's] health to discuss their support." A healthcare professional had positive comments about how staff responded to people's needs. Review meeting records showed staff discussed and agreed on goals with each person and the action plans on how they were support them to achieve their objectives, for example, how to develop their cooking skills. Relatives and healthcare professionals attended review meetings and staff had updated people's care plans to reflect any changes. Staff told us they could access the care plans at any time to ensure they understood each person's support needs to enable them to provide appropriate care.

People enjoyed a variety of activities and events that took place at the service. Staff understood people's backgrounds, their interests and preferences and knew which activities made them happy. Each person had an individualised plan of activities which staff supported them to follow. One person told us, "There is so much to do here. The manager makes sure we get all we need for anything we choose." There was a well-developed theatre room where people rehearsed and performed shows. We saw costumes that people used in plays and one person told us they enjoyed this as it added character to the performances. People had featured in the newsletter about their performance and were happy about the 'publicity'. Another person said, "The greatest thing for me has been the play production and being a member of the cast and performing to a live audience." The service invited relatives and the local community for the theatre performances and people told us this made them feel proud of themselves. One person told us how excited they were because they had taken part in a drama production to celebrate 30 years of the service's operations. People had an animals' visit session at the service, which they liked. One person told us, "I enjoyed the touch and feel of animals." People told us they had developed their confidence in handling

animals.

People told us they enjoyed outings at the service, which enabled them to live fulfilling lives. Photographs and records showed people had enjoyed trips to the countryside, museums, restaurants and holiday trips. People had visited places of interest to explore their interests in sciences, theme parks for amusement and wildlife parks to enjoy nature. The registered manager organised holiday trips where people spent nights away from the service and day visits to recreational centres. The service worked with volunteers who supported people in various activities such as horse riding, tractor driving and carting. A person told us of a carriage driving competition they took part in which they enjoyed. Another person was supported to attend a concert of their favourite artist and staff responded to the needs of the person by reassuring them. We observed staff interacted with people positively and showed interest in what they were doing.

People were supported to pursue their interests. The provider had set up a well-equipped room, which was used for teaching and training of people using the service. Each person had access to a laptop and computer/video games. One person told us, "I attend classes here and am very confident of using a laptop; can use the internet and do all sorts." The service worked with a local college who provided lessons to people in various courses including digital communication and enterprise to develop their educational and vocational skills. There was a computer club that people enjoyed taking part in. The provider operated a day centre on the same site where people were free to attend on a daily basis. People told us they enjoyed attending the day centre where they met other people from another service managed by the provider. They said they had formed friendships, which had improved their quality of life and reduced the risk of social isolation.

People knew how to make a complaint when needed. One person told us, "I would speak to the staff if I wasn't happy about anything." Another person said, "I get on well with staff. However, I would write to the manager though I have never had a reason to complain." People were confident the registered manager would resolve their concerns. Staff told us they encouraged people to raise any concerns they might have. The registered manager told us and records confirmed no complaints were made at the service in the last 12 months. Complaints policies and procedures were up to date and accessible to people in an easy to read format.

Is the service well-led?

Our findings

People and staff were positive about the registered manager and the how the service was managed. One person told us, "Everything is well organised here. The staff are always here for us and makes sure we are ok." People told us they knew the registered manager well as she spent time with them and showed interest about their welfare.

Staff said there was an open and inclusive culture that put people at the centre of the service. A member of staff told us, "I can raise any issue with the [registered] manager. Everything we do is focussed on people's wellbeing." Another member of staff said, "The manager is approachable, flexible in her approach with us and willing to listen." Staff felt confident to approach the registered manager for guidance on how to provide people's support. People, their relatives and staff said there was an open door policy and that they were able to see the registered manager when they needed to.

Staff were clear about their roles and responsibilities to provide individualised care that promoted people's independence. The registered manager held regular supervisions with staff and records showed they discussed the appropriate ways of supporting people. Regular team meetings ensured staff had the opportunity to share good practice, discuss staffing issues such as leave, policy updates, health and safety matters, any concerns about the service and experiences gained from training received. A staff meeting in December 2016 showed the registered manager had discussed proposed changes and staff's ways of working. A member of staff told us, "There is great teamwork here. We are all clear of what's expected of us." The registered manager ensured staff received the information they required to carry out their roles effectively. Staff had handover meetings at the beginning and end of each where they shared updates about people's health and support needs. Diaries, communication books were regularly updated to provide information about people's health and appointments, changes in their medicines and the support they required to maintain their well-being.

People received care in line with the provider's values. This centred on staff providing an 'imaginative and person centred care and [to] make sure people are at the heart of the service'. The registered manager ensured staff understood the ethos of the service and put this to practice through consultations, sharing of ideas in newsletters, discussions in appraisals and team meetings. Staff were able to explain the vision and values of the service and demonstrated this by being respectful of people and treating them as individuals. Staff told us staff morale was high as they felt valued at the service and because the registered manager led by example.

The registered manager met their responsibilities in line with their registration requirements with CQC. Notifications were submitted in a timely manner to enable CQC to carry out checks when needed. The registered manager promoted an open and honesty culture in line with their obligations to the duty of candour. Staff told us they were encouraged to admit to and learn from mistakes. The registered manager displayed passion about the service and had ensured people had resources, equipment and well-furnished environment to enhance their quality of life.

The quality of care was checked regularly and improvements were made when necessary to develop the service. The registered manager used effectively the systems in place to assess and monitor the quality and safety of the service. Medicines audits were carried out monthly to ensure people received their medicines safely when needed and that staff followed the provider's guidance. There were no concerns identified in the last medicines audit of February 2017. People's finances were appropriately accounted for as checks were carried out regularly to enhance accountability. The audit of February 2017 showed receipts, cash withdrawals and balances were verified and correct. Audits of premises and equipment ensured the safety of people and that maintenance, servicing and repairs were carried out in a timely manner and completed with due regard to people's safety. Robust checks were carried on the accuracy of care planning and in the completion of care records. The registered manager reviewed the documents and ensured staff had recorded people's health needs appropriately, the guidance received from healthcare professionals and that the information was up to date. Staff records were checked half yearly to ensure staff remained suitable to support people at the service.

The service enjoyed positive links with the community and had volunteers supporting people at the service. Healthcare professionals said they worked closely with the service which ensured people received timely and appropriate care for their needs. The registered manager ensure a positive working relationship with other health and social care professionals which had enabled people to receive improved quality of life. The registered manager was involved in the community and attended provider's meetings to share best practice and receive updates in the health and social care field.

People and their relatives were asked their views about the service their feedback was used to improve their quality of care. One person told us, "The [registered] manager likes our ideas and follows up on what we say." A relative told us, "They do listen and consider our suggestions." Records of resident's meetings showed people shared their views about the service and were listened to. Minutes of the January 2017 meeting showed people had discussed activities at the service and stated the "drama group is doing Finding Nemo this year and everyone is happy with their parts." Relatives could approach the registered manager at any time to discuss any changes they would like to see. For example, the provider had widened an area at the service to allow people more room for carting activities. People and relatives were happy with the development as carting was a popular activity during the summer. People completed surveys and questionnaires about their experiences at the service and the standard of care provided. Results of monthly surveys were analysed and feedback was included in the service's improvement plan. Feedback from people and their relatives showed they were satisfied with the care provided at the service. A service improvement questionnaire of October 2016 showed people were satisfied with the accommodation, care provision, activities provided at the service, contact arrangements with family and friends and the standard of care. The service carried out audits using CQC five key questions to ensure they were working in line with the regulation. The registered manager told us they valued people's feedback and used their suggestions to develop the service.