

New Horizon Care Home Ltd

# Hanover Supported Living

## Inspection report

55 Hanover Circle  
Hayes  
Middlesex  
UB3 2TL

Tel: 02036020450

Date of inspection visit:  
07 May 2019

Date of publication:  
10 June 2019

## Ratings

Overall rating for this service

Good 

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?

**Good** 

# Summary of findings

## Overall summary

About the service: Hanover Supported Living is a group of five supported living services in the London Boroughs of Hillingdon and Hounslow. They provide care and support to adults with learning disabilities and mental health needs. At the time of our inspection there were 23 people using the service.

The service is managed by New Horizon Care Home Ltd, a private organisation who also runs a residential care home in the London Borough of Hillingdon.

People's experience of using this service:

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and mental health needs using the service can live as ordinary a life as any citizen.

The outcomes for people using the service reflected the principles and values of Registering the Right Support. People's care was personalised and the support from staff enabled people to make choices about their lives and how their needs should be met. People were involved in planning their own care and regularly reviewing this. The provider supported people to reflect on their own needs and what had worked well, and not so well, for them, so that care plans could be adapted and changed to reflect this.

Whilst we found that people were being safely cared for, some of the practices around medicines management meant that there was a risk that things might go wrong. We discussed these with the registered manager and they agreed to make changes to ensure that these practices were improved and people's medicines were managed safely.

People using the service felt safe. They liked the staff who supported them and thought they were kind and caring. People were supported to learn independent living skills and take part in a range of different activities. They made choices about how they spent their time and what they ate.

The staff worked closely with other healthcare professionals to make sure people's healthcare needs were assessed, monitored and met. Some people had additional mental health needs. The staff had a good understanding of these.

The staff were happy working at the service. They felt supported and told us they had regular team and individual meetings with the registered manager and nominated individual. They had access to training at the service, and externally, and found this useful.

The provider had systems for monitoring the quality of the service, obtaining feedback from stakeholders and making improvements where needed. They investigated and responded to accidents, incidents and complaints. There was evidence of regular audits and changes made as a result of feedback from people

using the service and others.

Rating at last inspection: The service was rated Good at our last inspection which took place on 31 October 2016 (Published 15 November 2016).

Why we inspected: We inspected the service as part of our scheduled plan of inspections based on the last rating.

Follow up: We will continue to monitor the service and carry out another inspection in line with our planned schedule of inspections, or sooner if needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

**Good** ●

# Hanover Supported Living

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Two inspectors conducted the inspection.

#### Service and service type:

Hanover Supported Living provides care and support to people living in five different supported living settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for supported living, this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before the inspection we looked at all the information we held about the provider. This included information we had received from the local authority, through notifications of significant events and because the provider had submitted a Provider Information Return (PIR). The PIR is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited three of the supported living settings. We spoke with five people who used the service, five support workers, one team leader, the registered manager and the nominated individual. We observed how people were being cared for and supported. We looked at the care records for six people from three different settings, how medicines were being managed in three of the settings, records of accidents, incidents and complaints, the staff recruitment and training records for six members of staff and other records used by the provider to monitor the quality of the service.

We gave questionnaires for the registered manager to distribute to people using the service, their relatives and staff and asked for these to be returned directly to the inspection team.

We also spoke with a representative from the local authority quality monitoring team and one person's social worker.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- We looked at the way in which medicines were being managed in all three schemes we visited. People received their medicines safely and as prescribed. However, the practices in two of the schemes increased the risk of people not receiving their medicines correctly.
- For example, in one scheme the medicines cabinet had not been secured so there was a potential risk that people could access these inappropriately. We alerted the staff at the scheme and they immediately secured this.
- In another scheme the staff were using a device to cut one person's tablets in order to give the correct dose at each administration. The device contained the powdery residue from when it had been used. This increased the risk of medicines being contaminated. We discussed this with the registered manager who agreed to set up a regime to ensure this was cleaned after every use.
- Two of the schemes used a system of 'secondary dispensing' (removing medicines from their original container and placing in other containers) when people were away from the home at the times when medicines would normally be administered. The containers were not properly labelled with information about the medicines or dosages. This practice increased the risk of medicines errors. We discussed this with the registered manager, so they could look at alternative processes for managing these situations.
- Other medicines practices were safe and procedures regarding medicines management were being followed. The staff received relevant training and had their competencies in safe handling of medicines assessed regularly. There were accurate and up to date records of all medicines and what these were being prescribed for. The staff recorded administration and any concerns relating to medicines. The provider carried out regular audits of medicines management, records and storage.
- At the time of the inspection, no one was managing their own medicines, although the registered manager told us they had started to support one person with the aim that they should increase their independence and be able to manage their own medicines.
- The provider implemented a scheme to help reduce the need for PRN (as required) medicines for people when they became agitated. The staff used de-escalation techniques when they thought someone was becoming agitated following specific guidance designed for each individual. The registered manager told us this had helped reduce the amount of medicines people were being administered.

## Staffing and recruitment

- The provider had appropriate systems for selecting and recruiting new staff. These included undertaking a number of checks on their suitability. We noted that some of the references obtained for staff were from friends rather than previous employers. We discussed this with the registered manager and nominated individual who explained they had sought professional references but had been unable to obtain these. They told us they would introduce a risk assessment which outlined additional checks and supervision for staff where they had been unable to obtain references from previous employers.
- The registered manager told us they carried out staff interviews. But records of these had not been stored in staff files. They agreed that recruitment interviews conducted in the future would be fully recorded and these records kept in staff files to demonstrate why the decision had been made to employ the member of staff.
- Other checks, such as checks on identity, application forms, eligibility to work in the United Kingdom and checks on any criminal records had taken place and we saw evidence of these. The staff completed an induction into the service and were assessed to make sure they were suitable to work at the service.
- There were enough staff deployed at the service, although a recent safeguarding investigation and some concerns raised directly with the local authority indicated that on some occasions there were staff shortages. The staff we spoke with told us that this was sometimes the case, but that the registered manager, nominated individual and senior staff were available to offer support. There was no indication that people were left without the care and support they needed.
- People told us that there were enough staff to support them and give them the help they needed. Their comments included, "It is more than enough, it is always three staff", "There are two staff on at night and if I need anything I just ask them, they are awake all the time" and "There are always enough staff here."
- Comments from the staff included, "There are always enough staff", "We do have enough staff and if we are short, the management help" and "I have worked short staffed a number of times, if someone calls in sick last minute, but we do get support from the manager and they will come and help."
- The staff told us that each member of staff was assigned two schemes where they worked. They had the main scheme and a second scheme where they worked some shifts each week. They told us they liked this system as they got to know different people. The registered manager explained that this meant there were always enough staff who knew each scheme and the people who lived there.

## Systems and processes to safeguard people from the risk of abuse

- People using the service told us they felt safe living there and with the support of staff.
- The provider had procedures regarding safeguarding and whistle blowing. The staff received training regarding these. They were able to tell us about different types of abuse and how they would respond to these.
- The provider had worked with the local authority to investigate concerns and safeguard people from abuse.

## Assessing risk, safety monitoring and management

- The provider assessed, monitored and managed risk in line with the principles of 'building the right



support' which state that 'people should be supported to take positive risks whilst ensuring that they are protected from potential harm.'

- The staff had assessed the risks to people's safety and wellbeing and recorded these. The assessments were detailed and included guidance about how the person should be protected from harm and ways to minimise the risks. People were also encouraged to take risks in order to maintain their independence and learn new skills. Assessments were regularly reviewed and updated.
- The staff undertook checks on the environment to make sure it was safe for people to live in. These included checks on cleanliness and fire safety. There were regular fire drills and individual evacuation plans describing how people could be safely evacuated from the house in the event of an emergency.

#### Preventing and controlling infection

- The staff took appropriate steps to minimise the risk of infection and keep the environment clean. People using the service were involved in cleaning the schemes they lived in. There were procedures for infection control and the staff received training in these. The provider supplied the staff with gloves and protective clothing. There were regular infection control audits which identified any concerns, so these could be rectified.

#### Learning lessons when things go wrong

- There were individual records of all accidents and incidents. These included details of what had happened before, during and after the incidents. The registered manager or nominated individual had viewed reports of these and added comments where necessary. There was an action plan for each incident, which included how the staff would learn from this and what they may do differently if a similar situation occurred in the future.
- The staff were familiar with the different guidelines around supporting people when they became agitated or there was a decline in their mental health. They talked about individual people's needs, how they identified changes in their needs and the techniques they employed to support people, such as reassuring them, giving them time to speak about their feelings, offering specific activities and seeking support from external medical professionals when needed. The staff gave us examples about how the number of incidents had reduced as a result of the consistent support people received. This was also reflected in records.
- The staff told us that they used reflective practice to discuss each incident and how they learnt from these. For example one member of staff told us, "After [a certain incident] we all talked about it and we updated the care plan and risk assessments. We reflect on what has happened and how to prevent it happening again. We talk about it with the person. One person has a 'stay safe' plan, which they understand."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The staff had the support, training, skills and experience they needed to provide effective care. However, following a recent safeguarding investigation, there was a recommendation that staff be provided with additional training about understanding specific mental health needs. The provider had a plan to meet this recommendation.
- People told us they thought the staff seemed to have the skills they needed and were well trained. Their comments included, "I think they are well trained, the staff are monitored, and I see they have regular meetings to discuss things", "They know what they are doing."
- New staff undertook an induction into the home which included a range of training and shadowing experienced staff. The registered manager told us that staff shadowed for as long as they needed. Their competency was assessed as part of the induction.
- The provider had a training plan which included a range of courses which all staff were required to complete. Some of this training was undertaken on line and the provider monitored that the staff had undertaken this. The provider also arranged for some face to face training. All of the staff had attended specialist training in understanding epilepsy facilitated by a national epilepsy organisation. Staff also undertook training in 'positive behaviour management' which helped them understand skills to safely de-escalate situations where people became agitated.
- Some of the staff were part time apprentices who studied health and social care at college. The permanent staff were encouraged to undertake vocational qualifications in care and some told us about this.
- The provider kept a record to show when staff skills and competency had been assessed in different areas of their role. They also had a plan for individual supervision meetings and appraisals. We saw that these took place regularly and that any concerns with staff competency or skills had been addressed and additional support and supervision had been offered to these staff.
- The staff told us they felt supported and had the training and induction they needed. Some of their comments included, "My induction was good. I was shown around, they gave information about people's diagnosis and needs, they introduced me to staff and told me about people's routines, medication, fire checks etc. I had staff I could shadow and a team leader to teach me. I had epilepsy training, health and safety, fire safeguarding", "I would say my training is good. They push you to get NVQ. I feel well supported

as this was a new job", "I definitely (get enough training). If you want more, you can ask. It's pretty good" and "We get loads of training here. I did a six week course on autism."

- The staff told us there were good systems for communication and working with each other. They said they worked well as a team and communicated changes in people's needs and about the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved to the service. The assessments included information about their health needs, social needs and how they liked to be cared for. People had been involved in their own assessments and their views were recorded. These assessments had been used to develop care plans.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink and to maintain a balanced diet. People were allocated their own budget to buy food and drinks. Some people did this and prepared their food independently. Other people were supported by the staff to plan, shop for and prepare meals. People's dietary needs were recorded in their care plans and the staff encouraged people to make healthy choices.
- People told us that they carried out their own food shopping and planning for meals. Some people told us were supported by staff to prepare their meals. They said that they were happy with the support and able to eat what they liked. They said that they sometimes ate with other people, but they were always able to make a choice about this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider followed the principles of 'building the right support' in providing support to meet people's healthcare needs and work with other professionals so that people could access healthcare services. They had developed health action plans with people, which described their needs and how they should be supported. There was evidence that people had access to different healthcare professionals and their recommendations and guidance were recorded and included as part of care plans.
- People were supported to understand their own health needs and how these were managed. This was identified as a specific goal for some people, and the staff spent time explaining about this in individual meetings with people.
- The provider supported people with mental health needs. There was information about these and the support people required. The staff demonstrated a good understanding of people's mental health.
- A number of people were diagnosed with epilepsy (a condition which causes seizures). There was clear information about each person's epilepsy and the specific support they needed. The care plans included goals, interventions for staff and guidance such as, "When I have seizures I would like staff to hold my hand and reassure me." There was also clear information about when medical intervention was required and the procedures staff should follow to keep people safe during a seizure.
- The staff completed monthly reviews of care which included information about access to health care services and changes in people's medical needs or weight.

Ensuring consent to care and treatment in line with law and guidance

- 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.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- There were records which showed people had consented to different aspects of their care and support. In one case these had not been signed by the person and there was no explanation why this was not the case. However, we heard the staff gaining the person's consent when offering support, and their views and choices were well documented in their care plan.
- There were legally agreed restrictions in place for some of the people using the service. For example, some people had left hospitals with a community treatment order (CTO) a restriction regarding where they could live. The provider had copies of documents relating to this and liaised with the people and other authorities to make sure the restrictions were regularly reviewed and removed when appropriate.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People using the service told us the staff treated them with dignity and respect. Some of their comments included, "They are very kind and treat me with respect" and "They are nice, and I feel respected." We witnessed the staff interacting with people in a kind and supportive way. They knew people's individual needs and people felt comfortable with the staff. We saw the staff being caring and also sharing a joke and banter with people as they were supporting them.

Supporting people to express their views and be involved in making decisions about their care

- People using the service were able to express their views and be involved in making decisions in line with the principles of 'building the right support.' People were involved in creating their care plans, and their perspective of each aspect of their care had been recorded. These plans were regularly reviewed with the person. The staff recorded regular individual meetings they had with each person. These included discussions about how the person felt, any changes they wanted and reflecting on things that had not gone well.

- People told us that they were involved in making decisions about how they spent their time. Care plans included the actions for staff to help people to have a better understanding of their own needs, medicines and medical conditions, so that they could make decisions about these.

- Some people could not communicate verbally. The staff used other forms of communication to support people to make choices and express themselves. For example, using emotion cards to describe feelings, visual timetables and plans, communication aids and sign language.

Respecting and promoting people's privacy, dignity and independence

- People told us that they were supported to be independent and do things for themselves. Some of their comments included, "I am supported to be independent, I go out when I need. Living here is better than living in a five-star hotel, you have more freedom here" and "I can go out every day on my own, I go shopping, I buy my own food, do my own washing and clean my room. The staff respect my choices." One person told us they would like to be supported to learn more independent living skills and they had discussed this with the staff. They said that they hoped to be able to move to a more independent setting in the future.

- People told us their cultural and religious needs were respected by the staff. Some people attended places of worship. They said that they were happy with support they received in this area. Information about people's ethnicity and religion was recorded in care plans along with any specific guidance or instructions

for the staff about how to support people.

- We asked people if they thought the staff and other people respected each other's different backgrounds, identities and needs. They said they did. One person told us, "They all respect and understand our needs, they help us talk about anything we need. They are brilliant." Another person said, "We all respect each other."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us the staff helped them the way they wanted to be helped. The staff had created a care plan and guidelines for each person using the service. These were presented in different styles and formats but contained the same level of detail and information. The plans included the person's perspective about each area of need and how they wanted to be cared for, as well as their commitment to engage with specific support.

- The staff completed monthly reviews of people's care and support to make sure they were happy, and their needs were being met. There were documented meetings with people to discuss this and to make sure they were involved in the review and planning for the future. We saw that updates were recorded in bold so that the staff could see changes which had been made. The monthly reviews of care included an analysis of any accidents and incidents, what had worked well and if any changes were needed.

- Care plans included information about how people could be supported to access the community and be involved in community events if this is what they wanted. People told us they were supported to use the community, or that they did this independently.

- People's care records also included a number of quick reference documents, such as "All about me", a guide to a person's typical day, what their key needs were and things they liked and did not like and specific guidance relating to certain tasks, for example supporting someone in the shower, crossing the road or using the community. These documents were individualised and gave the staff clear instructions about what they needed to do.

- There was also detailed information about their mental health needs and how they should be supported with these. There was evidence of input and engagement with the community mental health teams who were supporting people. People had regular planned individual meetings with their key workers, so they could discuss their needs and how they were feeling. These meetings were recorded. Care and support plans also included guidance about how staff should recognise a decline in someone's mental wellbeing and the steps they should take if this happened.

- The staff demonstrated a good understanding about people's individual needs and were able to tell us about these. One member of staff spoke about how they worked with a number of people who had autism. They were able to tell us about ways they had supported people to develop new routines. The staff recognised that this was challenging for the people who they worked with and they said the provider had organised training to help them understand how best to support the people with autism. They told us the approach adopted by the service had helped make improvements in people's lives and positive changes

which people were happy with.

- Some people engaged in a number of different activities in the community, such as college, places of worship, shopping and clubs. However, some people had fairly low activity engagement and did not want to join in with organised events. The registered manager spoke about how they were working to support people to join different groups. They said they had referred some people, so they could access a gardening project and some activity groups run by other organisations. The provider also organised some day trips and people told us they had enjoyed these. The provider employed an art therapist who visited each scheme once a week to support people.
- There were weekly community meetings for the people living in each scheme to discuss the service and any changes they wanted. Every other month, the provider organised larger meetings for people from across the service.

#### Improving care quality in response to complaints or concerns

- Everyone we spoke with knew who they would speak to if they had a concern. They said they felt confident these would be responded to.
- All complaints had been recorded, along with the action taken to resolve these. The provider kept a log of all complaints, so they could identify any themes or areas where people were not satisfied with the service. The staff and people using the service took part in reflection on incidents and complaints, so they could learn from these to improve the service.

#### End of life care and support

- No one was receiving care at the end of their lives at the time of our inspection. However, each person had a health action plan which was regularly reviewed and included information about links with other professionals. The registered manager told us that they would seek guidance from external professionals if or when people using the service needed additional end of life support.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People using the service told us that they were happy there. Their comments included, "The staff are all very good and helpful", "The staff say, 'when you are happy we are happy'", "This place is the best ever and the staff are amazing", "They are nice people here" and "I am happy with everything, no worries."
- The staff also spoke positively about the service and their experiences. They felt people received personalised care. Some of the comments from staff included, "When everything comes together you can see progress, you feel you have made a difference, for example when someone goes back to living independently, you feel you have helped in some way", "All the residents have got tales to tell and we build a good rapport with them", "I have learnt so much about learning disabilities and mental health [working with this provider]" and "Everyday is different, we see improvements in everyone."
- People were involved in planning their own care, and this was individualised and based around their needs and wishes. The staff spoke about the different support they gave people, and this was evidenced in care records. There was an emphasis on people living their own individual lives as part of the community, rather than shaping what they did to fit in.
- The staff had the training and support they needed to understand about different needs. This was evident in the way they spoke about meeting these needs. They said that they had regular support and mentorship from the registered manager and nominated individual who worked alongside them, and worked with other external agencies to enhance their knowledge and understanding.
- 'Building the right support' principles include providing personalised care to help people achieve their hopes, goals and aspirations as well as maximising their quality of life. There were examples of this at the service, which included people being supported to achieve greater independence and move on to more independent settings and people whose health and wellbeing had improved. The registered manager spoke about one person who had been resistant to any care interventions and had become physically unwell. They had enabled the person to feel safe enough to allow medical interventions and as a result, the person's health had improved.
- The registered manager told us that they felt the scheme providing a number of different small homes allowed them to provide a more personalised approach. People using the service and the staff spoke about the homely atmosphere within each setting.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People told us they liked the manager and nominated individual. They regularly saw them and were happy speaking to them if they wanted something. Some of their comments included, "The manager is very good and they make sure we are happy" and "the manager is very nice."
- The registered manager and nominated individual were both qualified nurses. The registered manager was a mental health nurse. Whilst they were not practicing as nurses in their roles at Hanover Supported Living, they explained that their clinical knowledge and expertise helped to better understand people's needs and provide the support and training to the staff to help them understand these. Both the registered manager and nominated individual were undertaking a vocational qualification in health and social care management
- The staff told us that felt supported by the management team. One member of staff said, "The best management I have ever had, I have gained a lot of experience."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had asked people using the service, staff and other stakeholders to complete satisfaction surveys about their experiences. These showed that people were generally happy with the care being provided and the support both people using the service and staff received.
- The staff followed a system of reflective practice, where they discussed all incidents, accidents and how successful different interventions had been. These discussions were recorded so that all of the staff team could learn from them and improve the service. People were involved in this reflection so that they could understand their own needs and changes they could make to improve their own lives.

Continuous learning and improving care

- The staff completed monthly reviews of each person's care. These included an analysis of how the person had felt, what activities they had taken part in, any medical needs, accidents and incidents. The reviews were overseen by the registered manager and people's needs were discussed in staff meeting so that they could develop consistent approaches that reflected people's needs and wishes.
- The provider undertook a range of audits and checks at the service. These included environmental checks on safety, equipment and cleanliness. There was also a record to show when equipment needed servicing.
- The provider employed a number of apprentices from college who were studying health and social care. They told us that this helped provide a different perspective to the team, so they could learn from each other. They said that although they had a relatively young staff team who needed support in some ways, this also meant staff had a willingness to learn and try new approaches, sharing practice and ideas, for the benefit of the service.
- The provider was in the process of transferring all records onto a computer-based system. They had developed their own system and were adapting this as the staff gave feedback on how well it worked.

Working in partnership with others

- The provider was taking part in work with a national epilepsy organisation. They received training and

information from the organisation and some people were taking part in clinical trials, so the provider was supplying data and information relating to people's needs.

- The staff had links with a local centre which assessed and treated people with learning disabilities and additional mental health needs. The provider accessed training from the team there and used their support to introduce guidelines to support people.