

Heathcotes Care Limited







Heathcotes (Knollbeck)

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?	Outstanding	
Is the service well-led?	Good	

Overall summary

The inspection took place on 2 July 2015 and was unannounced. Our last inspection of this service took place in October 2013 when no breaches of legal requirements were identified.

Heathcotes (Knollbeck) is registered to provide residential accommodation and care for six adults with learning disabilities or autistic spectrum disorder, and other complex needs. At the time of the inspection six men were living in the home.

The registered manager had been promoted within the organisation and, a new home manager was running the home. The new manager had started the process of applying to be registered with CQC. This meant that the service did not have a registered manager running the service on a day to day basis at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 told us they felt safe living at the home. People told us that staffing levels were good, and some people received one to one staff support. Staff we spoke with had a clear understanding of safeguarding people from abuse and of what action they would take if they suspected abuse.

People were supported in their individual choices and involvement in life skills and there was a core staff team who had worked with people for some years and knew people well. We saw that staff engaged positively with people and there was a general sense of calm. People were seen to have very busy and fulfilled lives.

The accommodation was comfortable and homely and people were confident, happy and settled. People were observed to be very comfortable with the staff supporting them. Staff recruitment records included the required information showing that only staff suitable to work with vulnerable people had been employed.

We saw risk assessments had been devised to help minimise and monitor the risk, while encouraging people to be as independent as possible.

Staff were provided with appropriate training to help them meet people's needs and we found the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good knowledge of this.

People told us they took turns to cook the evening meal and were encouraged to eat a healthy diet. People were supported to maintain good health, have access to healthcare services and received on going healthcare support.

People's needs were assessed and they were involved in creating their individual support plans, which were very individual and reflected their diverse interests. Staff were aware of people's needs and the best ways to support them, whilst maintaining their independence.

People's individual plans included information about who was important to them, such as their family and friends. We saw that people had many and varied individual interests that they engaged in and were supported to be involved in work and college and took part in lots of activities.

The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an 'easy read' version. People said they knew how to complain and we saw that complaints were appropriately responded to. People told us they could express their views and opinions and felt listened to. People told us they were able to make choices and decisions and we saw that they were involved in discussions regarding their care records. It was clear that people's views were central to how the service was run.

There were thorough quality monitoring systems in place to review and develop the service.

The company sent out stakeholder satisfaction surveys to people for them to comment on their experience of the service provided and the outcome was very positive.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that the service was safe. People told us they felt safe and well supported by the staff employed to care for them.

Risks were well managed while encouraging people to be independent.

The home had policies and procedures in place which helped to safeguard vulnerable adults and staff confirmed they had received training on this area.

The service had arrangements in place for recruiting staff safely and there were enough staff to meet people's needs.

There were appropriate arrangements in place to manage people's medicines.

Good



Is the service effective?

The service was effective.

All staff received training and support to enable them to care for people effectively. They received the core training necessary to fulfil their roles, along with other, relevant training that was specific to people's needs.

We found the service to be meeting the requirements of the mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had training and were knowledgeable in this area.

People were supported to choose, shop for cook, eat a balanced diet.

People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

Good



Is the service caring?

The service was caring.

People spoke very positively of staff and told us they were always listened to and were involved in decisions about their care.

People told us they were treated with dignity and respect.

Staff knew people's diverse needs, likes and dislikes and understood how people wanted to be supported.

Good



Is the service responsive?

The service was very responsive in meeting people's needs.

People chose how to spend their time and had very rich, full lives, as they were supported to engage in a very varied range of hobbies, interests, and meaningful work, college, leisure and social activities.

Staff provided people with thoughtful and sensitive support to maintain positive relationships with the people who were important to them.

Outstanding



Summary of findings

The service had a complaints procedure and people knew how to raise concerns. The procedure was available in an easy read version to help with this.

Is the service well-led?

The service was well led.

The service had a manager who was applying to be registered with the Care Quality Commission.

People who used the service were very clear that they regarded Knollbeck as their home and they expected to be consulted as a matter of course.

People's views were central to how the service was run and their preferences, needs and goals were reflected in their individual plans and day to day schedules and they reviewed them with their key workers.

There were good quality monitoring systems in place to seek the views and opinions of people and their relatives and we saw that areas of suggested improvement were responded to.

Good



Heathcotes (Knollbeck)

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 checked 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.

The inspection took place on the 2 July 2015 and was unannounced. The inspection was undertaken by an adult social care inspector. At the time of our inspection there were six men living in the home.

Before the inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. We contacted the commissioners of the service and Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On the day of our visit we spoke with four people who used the service and observed the care and support people

received in communal areas. We did not use the Short Observational Framework for Inspection (SOFI) as people who used the service spoke with us and told us what they thought about the service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight staff including the home manager and the regional manager. We reviewed a range of records about people's care and how the home was managed. These included the care plans and day to day records for four people. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems that were in place. We also spoke with one health professional, who provided very positive feedback about the service.

We spent time observing the interaction between people who used the service and staff. We looked at all areas of the home, including some bedrooms (with people's permission). We also spent time looking at records, which included the care records for three people who lived at the home, five staff recruitment files and records relating to the management of the home.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at Knollbeck. One person said, "I feel safe." People told us they could lock their bedroom doors if they wanted to and one person showed us the cupboards they had in their room where they could keep their valuables securely. One person told us they liked to take responsibility for their home, making sure the kitchen was clean and that the house was locked up and secure at night.

The home had appropriate policies and procedures in place to help safeguard people from abuse and neglect. Any safeguarding incidents were correctly reported to the Care Quality Commission and the Local Authority. This demonstrated that the service took safeguarding incidents seriously and made sure action was taken to keep people safe.

We spoke with staff about their understanding of safeguarding vulnerable adults. Staff were able to clearly describe how they would escalate concerns both internally through their organisation or externally should they identify possible abuse. Staff said they were confident their manager would take any allegations seriously and would investigate. Staff completed safeguarding training which was updated each year, with some training provided by the local authority and some provided by members of the Heathcotes training team.

One person told us they managed their own money and another person told us they kept some of their money to spend and gave some to staff to put in the safe. They told us this was a good idea as it helped them to work within a budget. One person's records showed that they had a family member who was their appointee for their finances. It was clear from talking with people who used the service, staff and managers that mental capacity assessments and best interest discussions were on going about how each person was encouraged to be as independent as they could with their finances, while being protected from avoidable risks. We saw that people had support plans and risk reduction plans about this.

The regional manager told us the balances of any money held in the safe were checked at each staff handover and there were further financial safeguards in place, such as

regular financial audits and spot checks, which were undertaken by members of Heathcotes management team, to make sure policies and procedures were followed and people's money was kept safe.

All staff had received training in non abusive psychological and physical intervention (NAPPI). They told us that in the majority of situations de-escalation and diversion was used. De-escalation and diversion is a method used to reduce the intensity of conflict or a potentially violent situation. We saw from incident records that where restraint had been used detailed records were held. This helped to safeguard people.

The home manager told us that the NAPPI training had been helpful to the team and there was less need for staff to intervene. Staff were usually able to redirect people verbally, because as people had settled into the home the frequency and severity of any incidents had decreased. The support staff we spoke with confirmed this.

We looked at how risks were managed. We saw people's needs had been assessed and people had signed their agreement to their care plans, which included detailed risk assessments and risk management plans here necessary. The risk assessments had been devised to help minimise and monitor the risk, while encouraging people to be as independent as possible and they were reviewed and updated regularly.

Accidents and incidents were monitored by the home manager, the regional manager and the clinical governance group, which was made up of members of the Heathcotes senior management team. There was a section of the incident report format that was designed to help staff and managers reflect upon each incident and use any learning to improve the service.

We looked at rotas and we discussed staffing with the home manager. Staffing levels remained consistent, with one team leader on duty each shift and three support workers. There were waking night staff and the home manager said they undertook periodic management checks during the night.

The members of staff we spoke with told us there were enough staff to make sure people were safe and that their needs were met. We were told by staff that if they needed additional help this was available as staff were flexible and usually willing to work an extra shift, or they could call upon staff from other Heathcotes homes to help out.

Is the service safe?

We looked at three staff recruitment records. These included a written application, two references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff told us they had attended interviews, we saw records of questions asked at the interviews and the staff's answers. This helped to make sure that any staff employed were safe to work with vulnerable adults.

As part of this inspection we looked at medicines records, supplies and care plans relating to the use of medicines. Each person had a care plan in their file regarding any medication they were prescribed. We observed the team leader on duty handling medicines. They followed safe practices and treated people respectfully when giving them their medicines and gave people time and the appropriate support needed.

We found that people's medicines were stored safely and records were kept of medicines received and returned to the pharmacist. Medicines storage was neat and tidy and temperatures were monitored with records showing that medicines were stored within the recommended temperature ranges.

Medication administration records were signed correctly with any refusal recorded. There were good systems in place to manage medicines and regular audits and stock checks were completed. The team leader we spoke with had overall responsibility for ensuring regular audits took place and people's medication was well managed. They were very committed to making sure the system worked well.

Staff received training in the use of the monitored dosage system used in the home from the local pharmacist and further training through a distance learning course. Checks of staff competence were undertaken on a six monthly and following training.

People's medication records included a photograph of the person and of the medication they were prescribed and information about any allergies they had and how they liked to take their medicines. Where people were prescribed PRN (as and when) medication, clear protocols were in place for staff. Nobody administered their own medication without support. However, each person had a risk assessment to check if they were able to do so and discussion with the team leader indicated that one person was taking initial steps towards more responsibility.

Is the service effective?

Our findings

People told us they received effective care from staff who knew their likes, dislikes and preferences. People told us they were supported to maintain good health, have access to healthcare services and received on going healthcare support. We looked at people's records and found they had received support from healthcare professionals when required. For instance, one person had epilepsy. They had appointments at the neurology department at a local hospital and input from a specialist nurse, who visited regularly and provided staff with bespoke training regarding the person's specific needs.

The house manager told us people received support from members of the multidisciplinary learning disabilities team were involved in people's care, including a psychiatrist, psychologist and a number of community nurses. There were very positive relationships with members of the community team. We spoke with one community nurse who said the staff in the home came up with good ideas, worked very well with members of the community team and there was a nice feeling to the home.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The manager and staff we spoke with understood the MCA. The manager told us that MCA training was included in the induction training with an annual refresher to provide staff. Staff also told us they had received training in this area and the records we saw confirmed this.

Generally, people were quite independent and had capacity to make decisions about most things. For instance, one person had initially refused a medical procedure and a process was initiated to discuss what would be in the person's best interests and various professionals and the person's parent was involved in these discussions. However, after further discussion the person decided to go ahead with the operation.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of MCA 2005 legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The MCA Deprivation of Liberty Safeguards (DoLS) require

providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. The managers had made DoLS applications to the local authority where required, and in accordance with recently issued guidance and two people who used the service had a DoLS in place. We saw that people had access to independent advocacy services. For instance, people had access to MCA advocates during their DoLS assessment as well as other, independent advocates supporting people about other, specific areas of their lives.

We looked at records of staff training to check that staff had the appropriate skills and knowledge to care for people effectively. The home manager told us Heathcotes provided lots of training and support for staff and there was opportunity for career progression.

The regional manager told us all new staff received an induction when they commenced work. They had five classroom days and shadowed experienced staff for a number of shifts, where they observed care and got to know people, until they felt confident and were judged competent to be part of the staff rota. The staff we spoke with confirmed this.

We saw that training was provided in a range of topics which included safeguarding vulnerable adults, NAPPI and non violent crisis intervention, first aid, food hygiene, health and safety, and fire prevention. Training was updated annually. In addition to the core training provided, service specific training was also provided. This included topics such as, epilepsy, autism and mental health. Staff made positive comments about the quality of the training and said that the training supported them to carry out their roles effectively.

People we spoke with said they enjoyed the meals and were involved with shopping and cooking. People took turns to cook the main meal in the evening, with staff support, and we found that people were supported to eat and drink sufficient to maintain a balanced diet. Weekly meetings were held to discuss the menu for the following week. People were able to make suggestions and could choose what they wanted. We were told there were always other choices, if people didn't like what was on the menu.

Menus were displayed in the dining area. People were offered a choice at lunchtime and people were asked for their likes, dislikes and preferences. These were recorded within their care files. Two people had diabetes and had

Is the service effective?

regular health checks and appointments with a specialist nurse. The records we saw showed that staff had received

training about diabetes to help them meet this person's needs. Staff told us they assisted people to prepare and cook food in the healthiest way. Meals were a social occasion and staff ate their meals with people.

Is the service caring?

Our findings

People we spoke with told us that staff were kind, considerate and caring. They told us they were treated with dignity and respect. They felt this was their home and they were very happy living at Knollbeck.

We asked one staff member what they were proud of about the service. They said, “I’m very proud of the fact that it’s a home where people have freedom and choice to do what they want to do. We are like a happy, family home. It’s a nice, calming atmosphere and it’s decorated to people’s choice.”

Another staff member listed the things they liked about working in the home. They told us they liked that they got to know people very well and that the service was very person centred, and all about the people who used the service. They said people were involved in decisions about their lives and gave the example of one person who used the service being involved in staff recruitment interviews.

The community nurse we spoke with had a very positive opinion of the service, saying they felt it was “Excellent” as, “They get it right for the individual.” They told us people’s wellbeing and behaviour had improved substantially while living there and they thought this was because staff worked consistently, put an emphasis on communicating well with people and worked very positively with them. They said people had very rich lives and always had something to look forward to every day. They said the staff team came up with good ideas and there was a nice feeling to the home.

There was a notice board in the corridor which showed how the service promoted people’s dignity. Two people who used the service were enthusiastic about showing us the notes and photographs that were included on the board about things that were important to them and celebrating their activities, involvement and achievements.

People told us they were involved in decisions about their care, treatment and support. Each person had an individual plan which was a written document setting out the way people wanted to be cared for, the support they required and any goals or objectives that they would like to achieve, as well as things which were important to them. People’s plans were very personalised. Staff had reviewed and updated people’s records to make sure the care and support was consistent and met people’s changing needs. People signed their agreement to their care records and confirmed they had been involved in decisions about their lives.

Staff had access to a range of policies and procedures which included equality and diversity and the staff code of conduct. The staff we spoke with had a good understanding of how to make sure people were treated with dignity and the importance of treating people in a respectful and compassionate manner. People had their own rooms, which could be locked, and had been decorated and furnished to reflect their choices. Throughout our visit we saw and heard staff respect people’s privacy and dignity. We discussed how people’s privacy was maintained with one staff member, who said, “We knock. We never go straight in, but to wait until the person says it’s OK.”

People were supported in their individual choices and involvement in life skills and there was a core staff team who had worked with people for some years and knew people well. We saw that staff engaged very positively with people and there was a general sense of calm. People were seen to have very busy and fulfilled lives. The accommodation was comfortable and homely. People were confident, happy and settled. People were happy to chat to us and were observed to be very comfortable with the staff supporting them.



Is the service responsive?

Our findings

People gave us lots of examples of how the service responded to their needs. They said staff always listened to what they said and supported them to be independent as possible. For instance, one person said, "This is my home. It's like a family. Staff are very good. I am more confident living here." Another person said, "I'd like to work in a supermarket. My key worker is helping me look for a part time job in one."

Staff told us there had been a recent priority to update and personalise people's individual plans and it was evident that a lot of work had been done in this area. People's plans were very well presented, in individual formats that were suited to their communication needs, which helped them to be involved in planning their care and support.

There was lots of evidence of people's continued involvement in planning their care and people had signed to indicate this, along with agreements about specific undertakings. For instance, one person had agreed to a plan about cleaning their bedroom and about meeting with their key worker. Other people had actively decided not to be involved in the plan so formally, and this was respected, recorded and periodically revisited with them by the staff.

On person's plan included photographs and pictures of their activities. There was clear information about what they liked and disliked and what their goals and incentives were. We spoke with one person about their plan. They said they were happy with it and happy with the boundaries and rules, which they had agreed to as part of their risk assessments.

There was evidence that if people wanted someone close to them to be involved in planning and review meetings, this was respected. In one person's file we saw copies of individual monthly letters, which had been sent to their parents, to help keep them up to date with what the person had been doing and what their upcoming events were.

People had very full lives. People were encouraged to be as independent as possible. For instance, the home manager described how one person had initially needed support to go out into the local community, and with staff support, they had achieved a great deal of independence in this area.

People undertook activities and had work and college placements that were very individual and reflected their interests. For instance, one person was involved in gardening projects while another person was involved with falconry. One person had a part time job delivering a local free paper and another person had recently completed a qualification course in narrow boat management. One person told us they were a qualified NAPPI trainer, involved in providing training to staff in various organisations working with people with learning disability. They were proud to show us their certificates of achievement, which were displayed on a notice board in the hall.

People were encouraged to live independently and had rotas for jobs. The chickens in the back garden were well looked after and we were told that most people were involved in looking after them. One person said, "I like gardening with (a staff member)." We saw there was a thriving fruit and vegetable garden and mini poly tunnel. The fish pond was also very well looked after, and one person had set up another pond of their own.

There was a garden building, which served as a mini gym, as well as a 'chill out' area with a music system and floor cushions. There were also puzzles, games and table football in the conservatory. People told us these facilities were well liked and well used.

Two people showed us their bedrooms and these reflected their interests. One person told us they were recently involved in redecorating their bedroom, including painting the walls, they had enjoyed shopping for this project and were looking forward to going out to choose a new carpet.

One person liked computer games. Another person told us about a trip they went on to an animal park the previous day. We saw a notice in the office about a trip that was being planned to an air museum. One person told us they liked attending college for arts and crafts sessions.

We saw that a staff member asked one person if they wanted to go out for a walk or if they wanted to stay in and watch a film. They gave the person plenty of time to think and reply.

One person told us about holidays they had enjoyed in Spain and about how they had chosen a holiday closer to home recently, and said, "I am going to Disneyland in Paris for next year". Another person told us about their plan to go to the barber and shop for some new clothes as they were going on holiday soon.



Is the service responsive?

There was lots of evidence of people visiting, making telephone calls, and using 'Skype' calls on the internet and social network sites to keep in contact with their close family members. As one person's parents were less able to visit as they got older, staff dropped the person off and picked them up, so they could visit their family at home. Staff accompanied and stayed with another person, during their visits to their family home. One person proudly showed us a photograph of themselves at a relative's birthday party.

It was evident from discussion with staff and one person's records and that staff were sensitive in the way they supported one person with appropriately maintaining their relationship with their girlfriend, who lived nearby.

There was a notice board for people who used the service, on which was displayed information about the Mental Capacity Act and safeguarding in easy read formats and the people we spoke with were very confident the home manager listened and took their views seriously. There was a complaints procedure and an easy read version was on display. There was a record of complaints and the manager and used them as lessons learned and to improve service delivery. We saw from the record that people who used the service had made some complaints. For instance, one person had complained that not everyone was using the recycling bin properly and another about the noise some people made. These had been taken seriously, recorded, investigated and responded to appropriately, so that people were satisfied with the outcomes.

Is the service well-led?

Our findings

The service did not have a registered manager running the service on a day to day basis at the time of our inspection. This was because the registered manager had been promoted within the organisation and, a new home manager was running the home. However, they had started the process of applying to be registered with CQC.

Although the home manager was relatively new in the post, they had worked in the home, as the deputy before applying for the post of manager and were familiar with people's needs and preferences. They told us they were undertaking a recognised qualification managing social care.

People told us the service was well led, made very positive comments about the managers and said they felt involved in decisions about the service. People were very clear that they regarded Knollbeck as their home and they expected to be consulted as a matter of course. It was clear that people's views were central to how the service was run and their preferences, needs and goals were reflected in their individual plans and day to day schedules and they reviewed them with their key workers. We saw one person who sat with the staff member supporting them and chatted about what they had done that day, what they like doing what should be written in their daily log. Others chatted with the staff in the dining room, about all aspects of life in the home.

People who used the service had opportunities to meet and discussed all aspects of the service. However, it was evident that people preferred day to day discussion, rather than formal residents' meetings. It was also evident that staff were careful to consider and act on any thoughts, ideas or feedback people expressed in general conversation. For instance, the system of people taking turns to cook the evening meal was a suggestion which came from people who used the service.

The home did not hold meetings for relatives, but they did speak with people's relatives regularly and send out a survey on an annual basis. We saw the summary of the most recent stakeholder questionnaire, which showed that people thought highly of the service.

We saw information on display about the principles of the service, which included promoting people's dignity and rights, promoting effective communication, maintaining

people's confidentiality and acknowledging people's personal beliefs and identity. The staff we spoke with and observed were familiar with these principles and applied them to their practice.

The home manager undertook regular audits, including checks of written documentation completed by staff, complaints, incident and accident analysis, safeguarding, DoLS and any staffing issues. The regional manager told us they visited the home, on average, once a week, periodically attended staff meetings, and undertook quality audits in the home on a monthly basis. They focussed on particular areas at each audit. For instance, recently how the staff worked within the MCA and DoLS had been the focus. Additional quality audits were undertaken by members of the company's quality assurance team. There were a number of quality monitoring tools in place which we saw during our visit.

We looked at two audits, which covered all aspects of the service and had been carried out in the recent months. There was a scoring system and the service had scored highly in their most recent audit, having improved their score by progressing with the action plan they had put in place to make improvements. This demonstrated that the home were reviewing the service they provided and seeking to make improvements.

We saw the minutes of staff meetings, which included action plans arising from discussion. Each meeting reviewed the action taken from the plans from the previous meeting. Heathcotes managers also had meetings, which took place monthly, so the home manager had a support network of peers within the organisation and shared learning across the organisation. The home manager told us managers were encouraged to help each other with the quality assurance process.

We were told that the Chief Executive (CEO) of the company kept aware of what happened in the home and of any issues. They were keen that quality assurance was taken seriously in the homes, to help make each service as good as it could be. The CEO visited periodically and, recently provided direct management cover when the regional manager was away. The home manager sent an e-mail update to the regional manager of how people were, and any events and changes each week. The regional manager updated the senior management team in turn.

Is the service well-led?

Heathcotes produced a newsletter once a month. This was on the company's website, and was sent out to people's close relatives. The home manager told us one staff member from the home had been awarded 'apprentice of the year' due to their enthusiasm and how well they shared this with people who used the service, and this had been featured in one of the newsletters.

The home manager spoke positively about the staff team and staff spoke positively about the home manager, confirmed that they were well supported and that a member of the management team was always accessible.

The managers confirmed that there was an emergency on call arrangement. They said the on call worked well. This meant that they could provide support to staff should an emergency occur.

Staff said they felt able to raise any concerns they might have in an open way. They said they worked in a very good team and that communication within the staff team was very good. They said they felt able to give suggestions and were listened to.

Records we saw during our visit were detailed, organised and stored appropriately. This included staff files, staff training records and people's care and support records.