

High Quality Lifestyles Limited

Swerford House

Inspection report

The Avenue
Temple Ewell
Dover
Kent
CT16 3AW

Tel: 01304821432
Website: www.hqls.org.uk

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Ratings

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

Summary of findings

Overall summary

This inspection was carried out on the 10 November 2016 and was announced.

Swerford House is registered to provide accommodation and personal care for up to five people. People living at the service had a range of learning disabilities. Some people were living with autism and everyone required support with behaviours that challenged.

The service was in a rural location, with large, safe grounds surrounding the property. Downstairs there was a kitchen, dining room, lounge and quiet room. Each person had their own bedroom.

The service had a registered manager in post. A registered manager is a person who is 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 kept their medicines in a locked safe in their bedrooms and staff supported them to take their medicines safely. Some people were prescribed creams to keep their skin healthy. There were no body maps to show staff where to apply the cream. This was an area for improvement.

People were encouraged to be as independent as possible. People had accessed new activities and were doing things that they had never done before. One person had recently been to see their favourite band in concert and another person had been on holiday for the first time. There were pictures displayed all around the service showing people out in the community and having fun. People's relatives told us they were pleased and proud of their achievements.

Detailed assessments were carried out before people moved into the service and people's care plans were accurate and up to date, reflecting the care and support people needed. People became distressed if there was a change in their routine so there was step by step guidance in place for staff telling them how people liked to get up in the morning, and the different routes they liked to walk when out.

People were relaxed in the company of staff and their relatives told us that staff were kind and caring. Staff knew people well and offered people reassurance and support throughout our inspection. People were treated with dignity and respect.

People met monthly with staff they knew well to review their care and support and what they had achieved that month. During these meetings staff asked people if they were happy and documented their responses to ensure people's views on the service were taken into account. Some people needed support with their communication but staff used signs and symbols to help them make their needs known.

The registered manager documented and investigated any complaints. Relatives told us that they could

raise any concerns with staff or the registered manager and they were confident they would be dealt with appropriately.

Staff and relatives told us they thought the service was well led. Staff told us they were well supported by the registered manager and there was an open and inclusive ethos within the service. The registered manager told us, "We want...to increase people's independence...We want to encourage them to participate in more activities."

Risks relating to people's care and support had been assessed and minimised when possible. Some people displayed behaviours that challenged, particularly when they were anxious or upset. There were clear guidelines in place for staff, on how to manage these behaviours and how to help people remain calm.

Staff completed incident forms when any accident or incident occurred. The registered manager analysed these for any trends to see if any adjustment was needed to people's support. Staff regularly had the opportunity to discuss incidents after they occurred to look if they could have managed a situation differently.

Staff knew how to recognise and respond to abuse. The registered manager was aware of their responsibilities regarding safeguarding and staff were confident the registered manager would act if any concerns were reported to them.

Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. Regular fire drills were completed.

There was enough staff to keep people safe. Staff were checked before they started working with people to ensure they were of good character and had the necessary skills and experience to support people effectively.

Staff had the induction and training needed to carry out their roles. All staff had received training in how to manage people's behaviours safely, and how to prevent behaviours from occurring. Staff met regularly with their manager to discuss their training and development needs.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there were any restrictions to their freedom and liberty, these had been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

People were able to access their kitchen, whenever they wanted and were supported to prepare meals and drinks of their choosing. People were supported to eat a healthy and balanced diet.

Staff had sought advice and guidance from a variety of healthcare professionals to ensure people received the best care possible. Staff followed guidance and advice given by health care professionals. One healthcare professional told us that staff only used medicine to keep people calm as a last resort.

The registered manager was experienced in working with people with learning disabilities and providing person centred care. The CQC had been informed of any important events that occurred at the service, in line with current legislation.

The registered manager regularly carried out audits to identify any shortfalls and ensure consistent, high

quality, personalised care. People's relatives, staff and other stakeholders were regularly surveyed to gain their thoughts on the service. These were collated and analysed and the results were displayed within the service so everyone could read them. When areas of improvement were made, these were acted on and people's views were listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Medicines were managed safely.

Potential risks to people had been identified and recorded. There was clear guidance in place to help manage the risks. Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use.

There was enough staff to keep people safe. Staff were checked before they started working at the service.

Staff had received training and knew how to recognise and respond to different types of abuse.

Is the service effective?

Good ●

The service was effective.

Staff received the induction, training, and supervision to support people effectively.

Some people had Deprivation of Liberty Safeguards (DoLS) in place. Staff had an understanding of DoLS and the Mental Capacity Act (MCA).

People were involved in planning and preparing their meals.

People regularly saw healthcare professionals. There was guidance in place to ensure people were supported with their health needs.

Is the service caring?

Good ●

The service was caring.

People were relaxed in the company of staff and their relatives said staff were kind and caring.

Some people needed support with their communication but staff used signs and symbols to help them make their needs known.

People were treated with dignity and respect and received reassurance from staff when they were anxious or distressed.

Is the service responsive?

Good ●

The service was responsive.

People had accessed new activities and were doing things that they had never done before.

People could become distressed if there was a change in their routine. People's care plans were accurate and up to date so staff had the information they needed to support people in the way they preferred.

People were actively encouraged to give their views and their feedback was valued.

The registered manager fully documented and investigated any complaints.

Is the service well-led?

Good ●

The service was well-led.

Staff and people's relatives told us that the service was well managed.

The Care Quality Commission (CQC) had been notified of important events within the service, in line with current legislation.

Staff were aware of the provider's values to provide person centred care.

The registered manager undertook regular audits to ensure consistent, high quality, personalised care. They regularly surveyed staff, relatives and other stakeholders to gain feedback and the results were analysed and displayed within the service.

Swerford House

Detailed findings

Background to this inspection

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

This inspection took place on 10 November 2016 and was announced. The provider was given notice to give the staff the opportunity to prepare people for our visit, so that it lessened the disruption our presence may have caused.

The provider completed a Provider Information Return (PIR). This 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. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager, the deputy manager and the area manager. We spoke with four members of staff. We looked at three people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During our inspection we spoke and spent time with all five people. We observed how people were supported and the activities they were engaged in. Some people were unable to tell us about their experience of care at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with one healthcare professional visiting the service.

After the inspection we spoke with two relatives via telephone to gain their feedback.

We last inspected Swerford House on 20 October 2013 when no concerns were identified.

Is the service safe?

Our findings

People indicated that they felt safe living at the service. They were relaxed in the company of staff and staff reacted quickly if people became distressed or anxious. Staff knew people well and said they had built up good relationships with the people they supported. One relative told us, "I feel [my loved one] is safe. They have their favourite carers and they look to them for support. We are very fortunate that they are somewhere so good." Another relative said, "I think they are safe. I would notice if they became withdrawn, they would indicate if they were unhappy or worried, but that has never happened."

People's medicines were stored securely in individual safes in their bedrooms. One person showed us their bedroom and pointed at the medicines cabinet. We asked the person if they were happy when staff helped them with their medicines. They pointed at the cabinet, smiled and stuck their thumb up, indicating they were pleased with the support they received.

Some people used creams to help keep their skin healthy. Although staff signed to say when this was administered there was no guidance in place to show staff where to administer the cream, this was an area for improvement. Creams and liquids were dated when opened so staff knew how long they had been in use and if they were still safe for people to have.

There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. Staff were trained in how to manage medicines safely and were observed by senior staff a number of times administering medicines before being signed off as competent. Medication Administration Records (MARs) were fully completed, showing people received their medicines as and when they needed it. Some people had medicines on an as and when basis (PRN) for anxiety and behaviours that challenged. There was clear guidance in place so staff knew when people might need these medicines and how much they should take.

At the time of the inspection there were no medicines that had special storage requirements; however, staff had an awareness of the specific requirements relating to their storage and administration.

Staff had identified the risks associated with people's care, such as their behaviours and accessing the community. Each care plan explained how to manage these risks and ensure that people received the care they needed to minimise the risks from occurring.

Staff supported people positively with their specific behaviours, which were recorded in their individual care plans. There was information to show staff what may trigger behaviour and staff were aware of the strategies to minimise any future occurrence. For example, one person became distressed if their shoes were muddy or their clothes became dirty. Staff were directed to take a packet of cleaning wipes out with them if they were supporting this person in the community. This meant they were able to keep the person's shoes clean, reducing their anxiety.

There was detailed guidance in place for staff to follow if people displayed any behaviour that challenged.

The provider had specialists trained in behaviour support, and they worked with the registered manager and staff to ensure staff knew how to intervene to keep people safe. One member of staff told us, "I had to intervene and help move someone to keep them safe. All the training kicked in, and I remembered the guidance, and it was dealt with really well."

Staff recorded accidents and incidents when they occurred, including if people displayed any behaviours that may challenge. Staff detailed what had been happening before, during and after an incident to give a full picture about what had happened. The registered manager reviewed each incident form and action was taken to reduce the risk of incidents happening again. One person had become distressed and confused when walking into town for a coffee. New guidelines were written to ensure all staff took the same route into town if the person was going for a coffee to minimise their confusion.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

There was enough staff on shift to keep people safe and meet their needs. Some people had been assessed as requiring one to one support when at home and two to one support when out in the community. The rota was flexible and ensured that people were able to access the activities they wanted, with the right staff support. The registered manager had organised for an additional member of staff to be present during our inspection to ensure people could receive the reassurance they needed, as there was a new person present.

The staff team was small and they knew people well. If staff were unavailable, because of sickness or other reasons the rest of the team covered the shortfall. People were never supported by staff they did not know or had not met before. The registered manager told us this was important, as people could be anxious about meeting people they did not know.

There was an on-call system in place, which was shared between different managers employed by the provider. Staff told us that they could always contact a member of the management team should they need additional support or guidance.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. A poster was displayed downstairs with a number that all staff could call if they had any whistleblowing concerns. Staff told us they would report any concerns to the registered manager. One member of staff said, "I'd speak to my manager, if not then I'd go to the regional manager. I don't think it would happen, but I'd keep going until someone listened. I know I could go to the safeguarding team or CQC too." Staff were confident that the registered manager would act on any concerns that were raised. The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents

happening again.

Is the service effective?

Our findings

Staff were trained and supported to have the right skills, knowledge and qualifications to give people the right support. People were able to communicate with staff and make their needs known, even if they were unable to communicate verbally. Staff were knowledgeable about people's needs and followed guidance from a variety of health care professionals such as speech and language therapists (SALT) and occupational therapists (OT). One relative told us, "[My loved one] was challenging, now they just need a little bit of help and encouragement and they are so much more independent. The staff are great."

There was an ongoing programme of training which included face to face training and online training. Staff completed basic training in topics such as safeguarding, mental capacity and first aid. All of this training was up to date, and staff had been booked onto refresher courses in line with the provider's policy.

Staff had also received training on people's specific needs such as positive behaviour support and autism. Staff put their training into practice and gave people the support they needed. One person became extremely excited because of our visit. Staff spoke to the person calmly, and gave them reassurance, in line with their training. Staff spoke to us about people's needs with knowledge and understanding.

Staff received support during formal one to one meetings with their line manager. They discussed issues that had happened in the service and reflected on their practice. One member of staff said, "I get supervision every month without fail."

New staff worked through induction training during a six month probation period, which included working alongside established staff. The provider had introduced the Care Certificate for new staff as part of their induction, which is an identified set of standards that social care workers work through based on their competency. Some staff members had transferred from other services run by the provider. They received a full induction into the service and had time to get to know people before working independently.

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff and the registered manager spoke with confidence about MCA and DoLS. One member of staff said, "You never assume someone lacks capacity. People can make 'bad' decisions sometimes, but so do I. That doesn't mean they shouldn't be able to make decisions. If they lack capacity then you'd have a best interests

meeting." The registered manager had applied for DoLS for some people, and these had been authorised by the local authority. People were able to make day to day choices about what they wanted to do, eat and wear.

When people did not have capacity the registered manager had carried out capacity assessments. These were decision specific and some related to interventions staff needed to make to keep people safe. Staff sometimes physically intervened when people displayed behaviours that challenged, and best interest meetings held been held to ensure that this was the least restrictive way of keeping people safe.

People indicated that they liked the food. People took it in turns to choose the main meal of the day. Staff supported to people to choose between different pictures of different foods, so everyone was able to take part in planning the menu for the week ahead. The menu was displayed in the kitchen so people knew what was being cooked each day.

The kitchen was open and people could access it whenever they wanted. People were able to walk in whenever they wanted and indicate to staff when they would like something to drink or eat. One person showed us that there was healthy snacks available such as celery or carrots when they were hungry. A relative told us, "I always have a sneaky look in the fridge when I am visiting, and it is always well stocked, so I am happy that [my relative] has enough to eat."

People were supported to live healthy and full lives. Prompt referrals had been made to professionals such as psychologists and speech and language therapists to ensure that staff had up to date advice and guidance on how to support people effectively. One person had a diagnosis of epilepsy but had not had a seizure for many years. Staff had sought advice from the person's GP and it had been decided that they should no longer be prescribed their emergency medicine.

Staff assisted people to attend a variety of healthcare appointments and check-ups. Some people were unable to communicate verbally but staff said they knew when people were unwell. The outcome of all appointments was recorded clearly and risk assessments and associated documents were updated regularly as a result. One relative told us, "When [my relative] goes to the dentist or has other appointments they always tell me what has happened."

There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed.

Is the service caring?

Our findings

People were relaxed in the company of staff and approached them throughout the inspection. One relative told us, "[My relative] has got a really good relationship with the carers". Staff knew people well and had built up strong relationships with them. One staff member told us, "It's all about trust. You build relationships, ensure people trust you and make a bond; that is special."

Staff knew how to communicate with people effectively. Some people needed support to communicate and there was detailed information in people's care plans on how to interpret their specific vocalisations and signs. Some people used signs or pictures to communicate and we witnessed numerous, natural interactions where people were able to make their needs known.

One person spoke very quickly. Staff told us that this sometimes made the person difficult to understand, but that they became distressed if they were not understood. Staff encouraged the person to speak slowly, and ensured that there was always someone there when we were speaking with them. With staff support the person was able to tell us that they were excited to be going, "Swimming tomorrow" and to, "A disco in Deal."

People's likes and dislikes were taken into account when planning their care. One person did not like having paper towels in the kitchen, and wiped their face repeatedly if they were stored there. Staff ensured that there were no paper towels in the kitchen, so the person did not become distressed. It was important to one person that they always looked smart and that they wore the same, freshly cleaned and ironed clothes. Staff told us that they ensured this person's clothes were washed and ironed each evening so they were ready to wear in the morning.

People personalised their rooms in line with their particular likes and preferences. One person had stuck Thomas the Tank Engine pictures all over one wall in their bedroom. Staff told us that it was important for this person to choose what pictures they displayed, and that they regularly changed the pictures on the wall. The person had a table in their room with glue and was able to stick pictures up whenever they wanted to. Another person had chosen to paint their bedroom wall red. We asked the person using sign language what their favourite colour was, and they signed back red. They pointed at the wall and smiled, visibly pleased that the colour was their favourite.

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. The registered manager told us that no one currently used an advocate, but people had friends and relatives who supported them to make important decisions.

People were encouraged to be as independent as possible and helped to keep their service clean and tidy. There were pictures displayed around the service of people helping to mop the floors and put chairs up on the table. One person helped to take the daily fridge temperatures and other people helped to set and clear the table when people ate.

Staff treated people with respect and dignity. When people became anxious or upset staff reacted quickly and ensured people received the support they needed to remain calm. Before the inspection staff had prepared people for our visit and during the inspection staff offered people reassurance if they were anxious or unsettled by our presence. When we arrived at the service one person was visibly anxious, pacing around the room and shouting loudly. Staff immediately intervened and helped the person to calm down.

People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service. Relatives told us that they were able to visit whenever they wished and that staff kept them informed of any changes to their loved one's care.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

Is the service responsive?

Our findings

People received the care and support they needed and staff were responsive to their needs. People sometimes became anxious and staff responded quickly to reassure them and ensure they remained calm. One relative said, "I went for the best option to give them the best chance in life...All you want is for them to reach their full potential; that's happening."

People's needs were assessed before moving into the service, with as much involvement from people, their relatives, health professionals, and other stakeholders involved in their care. Risk assessments and guidance for staff were in place before people moved in and staff continually updated people's care plans as they got to know people better.

People received the care and support they needed, in the way they wanted. Preferences with regards to people's personal care and daily routine were documented in their care plan. Most people were unable to tell staff how they wanted to be supported, but staff that knew well had noted what they liked and disliked. Staff had step by step instructions on what people did each morning as soon as they got out of bed, including choosing their breakfast cereal and how they liked to be supported when getting dressed. Staff told us this was helpful as people could become distressed if they deviated from their usual routine.

Detailed guidance was in place to ensure that staff were supporting people consistently to minimise their anxieties and any triggers for behaviours. Some people needed support with their communication and each person had up to date information in their care plan about how best to support them, and what their different signs and vocalisations may mean.

People received the support they needed, in a way they understood, to minimise their anxieties. One person had a pictorial countdown in their bedroom showing when they would next be going to visit their family. This helped them to understand when they would next be seeing their loved ones. Another person became distressed during thunderstorms. Staff had worked with the local speech and language therapy team to develop a social story. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. The person read this story regularly and it reminded them that there was nothing to worry about when there was a storm.

Healthcare professionals told us that people's behaviours were managed well and that they were leading full and active lives as a result. A visiting psychologist told us, "My main concern with medication is to minimise it and they go along with that. Medicine to keep people calm is not excessively used."

People had been supported to broaden their horizons and were doing things that they had never done before. One person had recently been supported to see their favourite band in concert in Hyde Park. Staff told us this was a massive achievement as the person did not like crowds and had previously been unable to go to large events or travel on the tube because of this. Staff had found an event where the person was able to walk around outside, as opposed to being in an enclosed space with lots of people at an indoor concert. The person had really enjoyed the concert and we were shown pictures of them smiling and dancing at the

event.

Another person had recently been on holiday for the first time. They had gone 'glamping' overnight and really enjoyed themselves. Staff told us this was a big achievement for this person as they found changes in their routine distressing. The person had slept in a tent and cooked their own tea on a BBQ in the evening. Everyone agreed that their first holiday had been a big success and staff were now helping the person to plan their next trip away.

One person had a season ticket for their favourite football club. They regularly went to watch matches and got the coach there with other local fans. Staff told us that everyone recognised the person when they went to matches and always greeted them warmly. A member of staff said, "When I go to football with [person] it's just like two lads going to football together." We asked the person about what they liked to do and they opened a drawer in their bedroom to show us their football scarf. A relative said, "[My relative] loves going out to their football...They have normal things to do."

People met regularly with their key workers to look at their achievements over the past month. Key workers are members of staff who take a key role in co-ordinating a person's care and support and promote continuity of support between the staff team. During these meetings staff asked people what they thought about the service and documented their responses, including any non-verbal indications of their thoughts, so people were able to feedback on their care.

Relatives were actively encouraged to give their views and raise any concerns or complaints about the service. Information on how to complain was displayed on the wall, with pictures, so that everyone was able to understand what was written. One relative told us, I get on very well with the staff and the registered manager, they have an open door policy. I know I could go to them with any problems."

There had been two complaints in the past year. The registered manager had investigated these fully, and documented their response and the outcomes of each investigation. One relative had been worried about building work in the service, and was concerned that their loved one may hurt themselves on a sharp corner of a new room. The registered manager had ensured that the corner was covered in soft, bright fabric to ensure people noticed the corner and did not bump into it.

Is the service well-led?

Our findings

People regularly approached the registered manager throughout the inspection. They knew people well and offered support and guidance to staff. A relative told us, "The registered manager seems to know their job. They put the guys first and if there is something wrong they sort it." One member of staff told us, "We have got a good team, we talk well to each other. The guys have a good life. It is as simple as it sounds." Another member of staff said, "The registered manager is very hands on; they are very good. They always listen, and are very approachable. It is the same with the deputy manager too."

The registered manager worked alongside staff so they could observe and support them. Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager who was skilled and experienced in providing person centred care. The registered manager had been a registered manager in different types of services for nearly twenty years. Staff told us they felt well supported and felt comfortable asking the registered manager for help and advice when they needed it.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. They held a level 4 qualification in leadership and management and the Registered Managers Award. The registered manager participated in a variety of events and forums with other managers that worked for the provider. The registered manager had notified the Care Quality Commission of important events as required. Documents and records were up to date and readily available and were stored securely

There were links with the local and wider community and people had friends in the local area. People were supported to use public transport and regularly ate out in local restaurants and cafes. People were doing things that they had never done before, such as going to concerts or on holiday and everyone was proud of these achievements.

There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the service which was based on equality and mutual respect. The registered manager told us, "We want to carry on increasing people's independence. We look to increase the variety of activities people participate in and ensure they are able to do what they want to do."

Staff meetings were held monthly at the service. Minutes demonstrated that staff were kept up to date with changes to the service and were also able to add their own agenda items and ask questions. Staff regularly discussed incidents that had occurred within the service, and better ways of responding to ensure they did not happen again.

People had detailed care plans, risk assessments and communication passports in place. Staff regularly updated these when people's needs changed to ensure that everyone received consistent care, regardless of who was supporting them.

People and their relatives, staff and other stakeholders were asked for their feedback about the service on a

regular basis. People were given an easy read questionnaire that was colour coded so it was easier to understand. Feedback had been read and considered and the provider acted to address any issues that were raised. All the feedback responses we saw were positive and included, 'We can ring at any time and the staff are always helpful when we ask about [our relative.] They are respectful and honest.' And, '[My relative] is very happy, they are very well looked after. I can now feel a lot more relaxed because of this. All of the staff are wonderful.'

The registered manager and deputy manager carried out regular monthly checks on the service. These covered a range of areas such as medicines administration, the quality of completed paperwork, including daily notes and incident forms and whether relevant health and safety checks were carried out. A senior manager also regularly checked aspects of the service. An action plan was produced, with any areas of improvement highlighted and dates for completion assigned.