

Independence Homes Limited

Independence Homes Limited - 33 Russell Hill

Inspection report

33 Russell Hill
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Date of inspection visit:
07 February 2018

Date of publication:
21 March 2018

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 ●

Summary of findings

Overall summary

Independence Homes Limited - 33 Russell Hill is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Independence Homes Limited - 33 Russell Hill accommodates nine people with a learning disability in one adapted building. 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. At the time of this inspection there were 8 people using the service.

This inspection took place on 7 February 2018. At the last inspection in June 2015 the service was rated 'good' overall and 'outstanding' in our key question "is the service responsive?" At this inspection we found the service remained 'good' overall and remained 'outstanding' in our key question "is the service responsive?"

Since our last inspection, people continued to receive highly personalised care and support, tailored to meet their individual needs, which was leading to demonstrable positive outcomes and enhancements to their quality of life. People remained actively involved in planning and making decisions about their care and support needs. Staff displayed excellent understanding and awareness of people's needs and how these should be met in line with people's specific preferences and choices. Staff understood the importance of respecting people's rights and how to promote equality and inclusion within the service so that people did not experience discriminatory behaviours and practices when being supported with their needs. Relatives said the care and support provided to their family members was helping them achieve a good quality of life.

People were safe living at Independence Homes Limited - 33 Russell Hill. Staff protected people from the risk of abuse and used the provider's safeguarding policy and procedure for reporting any concerns they had about people to the appropriate person and authority. Risks to people's health, safety and wellbeing were assessed and reviewed and staff followed current guidance on how these should be minimised to keep people safe from injury or harm.

The provider ensured risks posed to people by the premises were appropriately managed. The provider

maintained a servicing programme of the premises and the equipment used by staff to ensure those areas of the service covered by these checks did not pose unnecessary risks to people. The premises was kept clean and clear of slip and trip hazards so people could move freely and safely around. Staff followed good practice to ensure risks to people were minimised from poor hygiene and cleanliness when providing personal care, cleaning the premises and when preparing and storing food. Medicines were stored safely and securely and people received them as prescribed.

There were enough staff to keep people safe. The provider maintained recruitment checks to assure themselves of staff's suitability and fitness to support people. Staff had regular and relevant training to keep their knowledge and skills up to date with best practice. Staff were happy in their work, motivated and supported by the provider to meet the values and vision of the service which were focussed on people experiencing good quality care and support.

Staff used information and guidance, based on best practice and current standards to plan and deliver care that would support people to experience good outcomes in relation to their healthcare needs. People's care and support needs were discussed and reviewed with them regularly to ensure the support provided continued to meet these. People were encouraged to keep healthy and well, to eat and drink enough to meet their needs and helped to access healthcare services when needed. The provider's bespoke epilepsy alarm system ensured people received timely support from staff when required.

People were encouraged to do as much as they could to retain their independence and control over their lives. The design and layout of the premises provided people with flexibility in terms of how they wished to spend their time when at home. People were supported to participate in a wide range of personalised and group activities and events to meet their social and physical needs and to build and maintain friendships and relationships with others. They also had access to education opportunities to develop skills and promote their independence.

Staff were warm and welcoming towards people's relatives and friends. They were kind and caring and treated people with dignity and respect. Staff ensured people's privacy was maintained when being supported with their care needs.

People were asked for their consent before care was provided and prompted to make choices. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

People, relatives and staff were asked for their views about how the quality of care and support could be improved. Senior staff demonstrated good leadership and were approachable and supportive. Senior staff monitored the quality of care and support provided. They undertook surveys and regular audits of the service and took appropriate action if any shortfalls or issues were identified through these. If people were unhappy and wished to make a complaint, the provider had arrangements in place to deal with their concerns appropriately.

The provider supported the service to continuously improve and worked in partnership with others to develop and improve the delivery of care to people. The provider was assisting in trials of new technology to improve outcomes for people living with epilepsy. Senior staff worked collaboratively with local authorities funding people's care to support to make appropriate decisions about the on-going and future care and support needs of people. The provider was also currently working with a local authority to deliver advanced safeguarding training to managers to further develop their learning about how to deal with concerns effectively and to use learning from these to reduce risks to people's safety.

The service had a registered manager in post who was aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service.

Further information is in the detailed findings below.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains outstanding.

Outstanding ☆

Is the service well-led?

The service remains good.

Good ●

Independence Homes Limited - 33 Russell Hill

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.

This inspection took place on 7 February 2018 and was unannounced. The inspection was undertaken by a single inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

During the inspection we spoke with the registered manager, deputy manager, a nurse from the provider's in-house medical team, three care support workers, a relative and a visiting healthcare professional. As some people using the service were unable to speak with us, we observed interactions between staff and people using the service. We looked at three people's care records and three staff records. We reviewed medicines management arrangements and records relating to the management of the service, including policies and procedures.

After the inspection we spoke to three people's relatives to gather their views of the service and the support their family member received.



Our findings

People using the service remained safe. A relative told us, "I feel [family member] is quite safe." Another relative said, "Yes, [family member] is very much safe and I think is very happy and settled there." Another relative told us their family member had indicated to them that day that they felt safe at the service.

Since our last inspection the provider had maintained appropriate systems to safeguard people from abuse. People and their relatives were well informed about how to report a concern about a person's safety and wellbeing and all staff had received training in how to safeguard adults at risk. Staff understood the different types of abuse that could occur and could recognise signs that could indicate a person was at risk. They told us they would follow the provider's safeguarding policy and procedure for reporting any concerns they had about a person to the registered manager or to another appropriate authority such as the local council. Records showed when a safeguarding concern about a person had been raised and reported the senior staff team cooperated fully with the investigating local authority and took appropriate action when required to ensure people's safety.

Risks posed to people's safety continued to be assessed, monitored and reviewed. Plans to manage identified risks to people were current and instructed staff on how to mitigate and reduce identified risks to keep them safe. For example, some people were at risk of injury from falls due to their reduced mobility. Their individualised plans guided staff on how to support them to move safely around the premises and in the community to reduce the risk to them of falling. The measures in place to reduce risks to people were designed to be as least restrictive as possible. For example for one person who was at risk of choking, their individualised eating and drinking plan instructed staff to support them to eat as independently as possible by ensuring their meal was prepared in an appropriate way, they were supported to sit in a safe position and given the time they needed to eat so they were not rushed.

The provider ensured risks posed to people by the premises were appropriately managed. Environmental risks assessments had been undertaken and measures had been put in place to reduce identified risks. For example, hot water temperatures from outlets were regulated to ensure these did not pose a risk of scalding to people, window restrictors were used to minimise window openings to protect people from falling out and guards were in place on radiators to reduce the risk of people being burned from the hot surface. The provider maintained a regular programme of maintenance and servicing of the premises and of the equipment used at the service to check these did not pose a risk of injury or harm to people. We saw evidence of recent checks made of the lift, water hygiene, fire equipment, alarms, emergency lighting, portable electrical appliances and the gas heating system. We observed the premises was clear of slip and

trip hazards and people moved freely around communal areas such as the hallway, lounge and dining room with no restrictions. Staff understood the specific risks posed to people and how they should be supported to stay safe.

The provider had systems in place to review and investigate any incidents or safety concerns about people, if these should arise, so that appropriate action could be taken to protect people when required. We saw when accidents and incidents involving people had occurred these were reviewed in detail by staff to discuss any learning in terms of new, emerging or changing risks to people so that appropriate measures could be put in place to ensure their continuing safety.

Staff received mandatory training in positive behaviour support and in the use of physical interventions when people displayed behaviour that challenged the service. These techniques supported staff to help keep people safe from abuse or harm through appropriate intervention and management of behaviour that may have challenged the service. The registered manager confirmed instances of staff having to use physical interventions were rare but they had systems in place to monitor and review when this type of support and intervention was used to ensure staff had followed the behaviour support and intervention plan for the person and that this had been appropriate and in line with best practice.

There were enough staff at the time of this inspection to support people safely. Staff rotas showed senior staff took account of the level of care and support people required each day when at home and in the community to plan the numbers of staff needed to support them safely. All staff were trained in fire safety and first aid to help them to respond appropriately to emergencies if these should arise. We saw staff were present and provided appropriate support and assistance to people when this was required.

The provider maintained recruitment procedures to check the suitability and fitness of any new staff employed to support people. We looked at the recruitment records for three staff employed at the service since our last inspection. The provider had checked their eligibility to work in the UK, had obtained character and employment references for them, sought evidence of their qualifications and training and undertook appropriate criminal records checks. Staff had also completed health questionnaires to enable the provider to check their fitness to support people appropriately.

People received their medicines as prescribed. People's records contained up to date information about their medical history and the medicines prescribed to them. We looked at people's individual medicines administration record (MAR) and the current stock and balance of their medicines and found these had been given as prescribed. Medicines were stored safely and securely. Regular stock checks were undertaken to ensure all medicines could be accounted for and systems were in place to ensure that any unused medicines were disposed of safely and appropriately. The temperature of the room and fridge where medicines were stored was taken daily to enable staff to check these were within safe recommended ranges so that people's medicines would continue to remain effective and safe to use. Staff received appropriate training to support people with their medicines. Senior staff undertook daily and weekly checks of medicines to assure themselves these were managed safely and appropriately and that staff remained competent to administer these.

Staff followed appropriate procedures for minimising risks to people that could arise from poor hygiene and cleanliness. Staff had received training on infection control. They wore personal protective equipment (PPE) and understood how to use cleaning materials and equipment appropriately to reduce the risk of spreading and contaminating people with infectious diseases. We observed the premises was clean and tidy and communal toilets and bathrooms were well maintained and equipped with soap and hand towels to promote good practice in hand hygiene. Staff had also received training in basic food hygiene so that they

were aware of the safety procedures that needed to be followed when preparing and storing food to reduce the risk of people acquiring foodborne illnesses.

Our findings

People's care and support was planned and delivered in line with current evidence based guidance, standards and best practice to enable them to experience positive outcomes in relation to their healthcare needs. The provider encouraged a holistic approach when assessing people's needs and senior staff achieved this by working collaboratively with the provider's in house teams made up of clinical professionals such as nurses and therapists. Nurses had extensive experience and current knowledge of epilepsy care and management and supported the service to assess and plan for how people's needs would be met relating to their specific healthcare conditions. The team of therapists provided advice and support in a wide range of specialisms which included speech and language therapy, physiotherapy, occupational therapy, sport therapy, homeopathy and nutrition. The provider's 'Well Being Manager' also provided information, advice and support regarding relationships, sexuality and sexual health which was focussed on promoting people's health and safety. The support provided from the provider's internal resources helped senior staff develop individualised plans for each person that set out how they should be supported to help manage their healthcare conditions and have the full range of their needs met so that people achieved good outcomes.

Staff were clear about the intended outcomes from the support planned for people and knew how they could help people achieve these through the support they provided. They were well supported by the provider to enable them to meet people's needs. Staff received regular and relevant training to help keep their knowledge and skills up to date with current best practice with regard the support people required. They also had regular supervision meetings and an annual performance appraisal with their line manager. These meetings supported them to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve through further training and learning. A staff member told us, "The training is intensive but really prepares you for the job. The supervision meetings help to boost you."

People were supported by staff to eat and drink sufficient amounts to meet their needs. People's individualised support plans contained detailed information about their specific dietary requirements, including any known allergies and the risks posed to them from insufficient food and fluid intake. Staff had a good understanding about people's specific needs in relation to the meals they ate and the amount of fluids they required to stay well hydrated. They monitored what people ate and drank and any concerns about this were referred to senior staff. The service was able to respond quickly in these instances by accessing the in house nutritionist for advice and guidance about any additional support people might need with their nutritional and hydration needs.

Staff supported people to meet their day to day needs so that people experienced positive outcomes in relation to their health and wellbeing. We saw good examples of this. Staff accessed support from the in house therapist team to develop comprehensive exercise programmes designed to keep people active and mobile for as long as possible. For two people we saw this support meant they could continue to retain a level of independence when moving as the programmes they followed were helping them to maintain their physical mobility. For another person we saw the extensive support plan developed for them to help improve their physical and psychological health and wellbeing had resulted in them reaching and maintaining a healthy weight which in turn had improved their overall health and wellbeing. People were supported to attend their healthcare appointments including any specialist appointments they required and had regular health reviews and check-ups with healthcare professionals as required. When people were unwell or needed additional specialist support for their physical and psychological health staff were prompt in arranging this for them. Staff were trained to administer emergency medication when required which helped to minimise the need for a person to be admitted to hospital. Relatives told us staff kept them up to date and well informed about any changes in their family member's health including outcomes from healthcare appointments.

Staff liaised with health and social care professionals to ensure effective care and support was provided to people. We saw good examples of this. A healthcare professional visiting the service on the day of our inspection told us how one person had become ill suddenly and hospital staff could not identify the cause of this. Staff had used their knowledge and understanding of the person to pick up the underlying cause of the illness which they shared with hospital staff who in turn were then able to treat the person appropriately. For another person, staff had worked closely with an external healthcare professional, to help them identify an underlying cause for the person's ill health. Once the cause had been established staff followed recommended guidance from the external healthcare professional on how the person should be supported on-going which we saw was leading to improvements in the person's overall health. Another good example we saw was the benefits to people from the provider's partnership working arrangements with the specialist epilepsy unit at Kings College Hospital in London through which the service could seek referrals and support for people with regard to the treatment and management of their epilepsy. Nurses from the specialist unit attended locally run clinics hosted by the provider to support people with their specialist needs so that people didn't have to travel to London for these appointments.

The design and layout of the premises provided people with flexibility in terms of how they wished to spend their time when at home. In addition to their own bedroom, which people had been able to personalise as they wished, people had use of a large living room and dining room and a large garden. Corridors were wide and open to enable people to move freely around the premises.

People's ability to make and to consent to decisions about their care and support needs continued to be assessed, monitored and reviewed. Staff prompted people to make decisions and choices and sought their permission and consent before providing any support. Staff ensured people's relatives or representatives and relevant healthcare professionals remained involved in making decisions in people's best interests, where people lacked capacity to do so.

We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and

legally authorised under the MCA.

Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to check that they were still appropriate.

Our findings

Relatives spoke positively about the care and kindness shown by staff at the service. One relative said, "All the carers are caring, you can tell...they are passionate and all go that extra mile." Another relative told us, when they had been ill, staff ensured they could continue to see their family member by making arrangements to come and visit them at home. They said, "They [staff] really put themselves out."

Relatives described the atmosphere within the service as "comfortable", "laid back" and "relaxed". One relative told us they often observed friendly and warm conversations between people and staff whenever they visited the service. They said, "People always appear happy." Another relative told us their family member was "happy and well settled" and felt the atmosphere within the service contributed to this. Relatives said they felt able to visit the service when they wished and staff were warm and welcoming when they did.

People were supported by staff that knew them well and understood their needs. This was evidenced by the knowledge and understanding staff displayed about people's preferences, choices and how they should be supported with their care needs. People's records contained detailed information about their life histories, likes and dislikes and their preferences and choices for how they wished to be supported. Each person had a detailed communication profile which set out good information for staff on how people communicated and expressed themselves which helped staff understand what people wanted in terms of their care and support. A relative told us that the quality of information shared between staff about the specific needs of their family member had helped build trusting relationships between their family member and staff.

We observed many positive interactions between people and staff. Staff were friendly and chatty with people and they encouraged people to use their preferred method of communication to express how they were, what they needed from staff and any activities they would like to do. People were happy and relaxed with staff and did not hesitate to communicate what they needed from them. People were given time to make choices and to move around the premises. Staff knew how to support people if they become anxious or distressed so that this was done in a caring and considerate way.

Staff maintained people's right to privacy and to be treated with dignity. People's support plans prompted staff to ensure support was provided in a dignified and respectful way. Staff knew how to respect people's privacy and dignity which included ensuring people were offered choice, were not rushed and given the time they needed to do things at their own pace. Staff did not go in to people's rooms without first seeking their permission to enter. Personal care was provided in the privacy of people's rooms or in the bathroom. When

people wanted privacy, staff respected this so that people could spend time alone if they wished. Staff remained close by if people later required their assistance.

People were supported by staff to be as independent as they could be. People's support plans detailed the level of support they required from staff with day to day tasks. Staff were prompted to encourage people to do as much as they could and wanted to do for themselves. For example, when being supported with their personal care, people were encouraged to participate and undertake aspects of this themselves, such as holding their toothbrush independently or washing their face and choosing what they wished to wear. Staff told us they would step in only when people could not manage tasks without their support.



Our findings

Since our last inspection, people continued to receive highly personalised care and support which was tailored to meet their individual needs. People, and their relatives, were actively involved in the planning and delivery of the support they required to meet their needs. People were involved from the very start of the process which began with an assessment of their needs prior to moving in to the service. They continued to remain involved through regular discussions with staff in which they were able to actively contribute to the evaluation of the effectiveness of their planned care and support.

People's views were used to shape and develop person centred support plans that reflected their specific preferences and choices, their social and cultural diversity and values and beliefs. People's records contained detailed information about how they communicated and expressed themselves and their choices through speech, signs, gestures and behaviours. This helped staff to respond effectively to people's choices and preferences as well as tailor and provide information to people in a format that met their specific communication needs.

The support planned for people covered all aspects of their day to day lives and reflected their care goals and aspirations in relation to their personal care needs, their dietary needs, their physical and psychological health, the support they needed with their personal finances and their social needs. There were clear instructions for staff on how people's needs should be met whilst maintaining people's safety from identified risks. Staff displayed excellent understanding and awareness of people's needs and how these should be met in line with people's specific preferences and choices. All staff had been trained in equality and diversity so understood the importance of respecting people's rights and how to promote equality and inclusion within the service so that people did not experience discriminatory behaviours and practices when being supported with their needs.

We saw numerous examples of how the personalised care and support people received had enhanced their quality of life. For one person we saw their communication skills had significantly improved since they first started to use the service and they were now able to maintain regular contact with their relatives as well as participate in a wide range of new activities and events as their improved communication skills had helped them to develop relationships and trust with the people around them. Their general health had also improved as they were encouraged to lead an active lifestyle and take up a healthier and balanced diet. This had led to improvement in an underlying health issue which had had a positive impact on their overall wellbeing. These achievements could be attributed to the support the person received via their designated key worker, a member of staff who was responsible for ensuring their care and support needs were being

met, who had worked collaboratively with the person, their relative and senior staff to identify new and different ways that support could be provided to the person. This included more innovative use of a computer tablet to help the person increase the range of their communication skills and trying out new activities that the person expressed an interest in to help them get fit and healthy. Due to the improvements the person had experienced this had increased their personal confidence and they were now embarking on a college course for the first time in their life.

For another person we saw that prior to them using the service staff had worked closely with the person and their relatives along with the healthcare professionals involved in their care to ensure a smooth transition into the home. This included regular visits to the person and their family to get to know the person and their needs which were then shared with all staff to help them familiarise themselves with the person before they moved in. Prior to using the service the person had been withdrawn, staying in bed late and not engaging in activities. Since moving in to the service the person, with continuous support and encouragement from staff, was now participating in a wide range of activities and enjoyed regular outings into the community. Their interactions and communication with the people around them and staff had substantially improved. We saw written feedback received by the service from an external professional involved in supporting the person with their communication needs which was complimentary about the positive outcomes that had been achieved by the person as a result of the support provided by staff. They noted the person was now maintaining good eye contact with staff, was chattier and looked comfortable and settled at the service. They also observed that staff used "excellent communication strategies" to engage and stimulate the person. Prior to using the service the person was suffering with a health condition leading to prolonged periods of time spent in hospital which was significantly impacting on their life. Since moving into the service as their physical and psychological health had improved their health condition had stabilised as a result and they had not required hospital based care for some time.

The examples of person centred and specifically tailored support we saw above was evident and apparent for each person using the service so that they were supported to live an active and fulfilling life. People took part in a wide range of personalised activities based on their personal interests and hobbies. They regularly attended social clubs and groups and took part in sports and fitness classes. There were also regular group outings, get-togethers and holidays. People had opportunities to undertake activities and events with people using the provider's other services to help them feel included and part of a wider community. Participation in these activities had also provided opportunities for some people using the service to develop and maintain new friendships and relationships with others. People also had access to a range of courses and programmes delivered by the provider aimed at helping people learn the skills needed for work, volunteering skills and promoting personal independence.

The provider continued to use technology to support people to receive timely support when required. They had enhanced and improved their bespoke epilepsy alarm system in response to people's changing needs and as their own understanding and awareness of sudden unexpected death in epilepsy (SUDEP) had developed. The current system used multiple sensors with adjustable settings so that these could be better adapted to meet people's individual needs and circumstances. The system enabled staff to detect seizures more quickly so that they could respond promptly to the needs of the person and provide appropriate support. The system also helped staff to detect whether a person had fallen out of bed and could be used by people to call for help if they needed their assistance or help. Information recorded by the system helped staff monitor people's seizures which they used to inform clinical reviews of people's seizure management plans with the relevant healthcare professionals.

Relatives told us the care and support provided to their family members was helping them achieve a good quality of life. One relative said, "I think they are really good. They have been very supportive." Another

relative said, "It's very good. It's a family environment and it's comfortable." Another relative told us, "I feel [family member] is very happy there. . .they show a lot of empathy and care, it's a home from home." Relatives told us the service dealt with any issues or concerns they had in an appropriate way. A relative said, "When problems have arisen they have always worked hard to improve and maintain the quality of care." Another relative told us when they had raised a concern this had been dealt with by the service. However they also said this aspect of the service could be improved by managers through continued assurance that these issues would not arise again. The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in an accessible format for people to raise their concerns.

Staff at the service had received training to support people at the end of their life. This had been delivered and accredited by a local hospice. Although the need for this support was not required at the time of this inspection these skills and knowledge would ensure that people would be afforded the comfort and dignity they deserved at the end of their lives when if this need should arise.

Our findings

The service continued to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

We received positive feedback about the registered manager and the deputy manager from relatives, staff and a healthcare professional visiting the service on the day of our inspection. Comments we received included; "the managers are very good I think. Communication has improved under [registered manager]. He always comes back to you when he says he will", "[registered manager] is very approachable and a nice person" "[deputy manager] has been very supportive...good people in charge, top notch!" and "we get a lot of support and I feel really valued". We observed both managers interacting with people using the service during the course of our inspection. They knew people very well and people responded to them positively. We saw when one person returned to the service after a short stay with their relatives they immediately sought out the registered manager to tell them about their visit.

The registered manager promoted a culture within the service that was open, supportive and willing to make changes when needed to improve the quality of support provided to people. People and their relatives were encouraged to share their experiences and views about how the quality of support could be improved. Staff used monthly key worker meetings to evaluate people's satisfaction with the activities they undertook and used people's feedback to identify new activities that people might wish to try. Relatives were asked for their views about the quality of support provided to people through surveys. The provider responded to feedback from these surveys to make improvements. For example following a recent survey, the provider was taking steps to improve awareness amongst relatives about the 'family quality checkers' scheme so that they would be better informed about how this work helped to improve the quality of support people experienced. This scheme formed part of the provider's quality assurance framework and was made up of relatives of people using the provider's services, who carried out unannounced audits of services to check the quality of care and support provided to people.

Staff felt well supported and were motivated. One staff member said, "We all work really well together as a team...I'm really happy here." Another staff member told us, "I really enjoy my work and I think it's a good

company to work for." Staff were provided opportunities to give their views about the quality of the service through individual supervision and regular staff team meetings. The provider also undertook an annual employee survey and used this to identify where improvements were needed to increase staff morale and productivity. All staff were aware of the values and vision of the service which were focussed on people experiencing good quality care and support. They had work objectives which reflected these values and vision. Senior staff monitored and reviewed how staff were achieving their work objectives through supervision meetings and staff were asked to demonstrate how the support they provided improved the quality of people's lives.

The provider continued to monitor, assess and improve the safety and quality of the service. Records showed senior staff at the service and from within the provider's organisation undertook regular checks of key aspects of the service. These checks covered areas such as medicines management arrangements, the quality of people's care records and support plans, the management of people's finances, checks of records relating to staff and environmental health and safety checks. Observations of the quality of care provided to people were also undertaken along with unannounced management visits of the service at nights and weekends. When these checks highlighted aspects of the service that fell below required standards senior staff responded appropriately to make the required improvements. Records relating to people, staff and to the management of the service were accurate, up to date and well maintained.

The provider worked in partnership with other agencies and professionals to develop and improve the delivery of care to people. Through partnership working with the specialist epilepsy unit at Kings College Hospital in London staff were able to assist in trials of new technology for managing epilepsy that could have potentially life changing effects on people living with this condition. Senior staff also worked collaboratively with local authorities funding people's care so that they were kept up to date and well informed about people's current care and support needs to enable them to make appropriate decisions about the on-going and future care and support needs of people. At the time of this inspection the provider was also working closely with a local authority to deliver more advanced training for managers to support them to work collaboratively with the local authority when safeguarding concerns about people arose so that issues were resolved quickly and learning was used effectively to identify and reduce risks to people's safety.