

Lancashire County Council

Hyndburn Short Break Service

Inspection report

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Website: www.lancashire.gov.uk

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20 October 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place at Hyndburn Short Breaks service on the 19 and 20 October 2016 and was completed by contacting relatives by telephone on the 26 October 2016. The first day was unannounced.

Hyndburn Short Break Service is a Lancashire County Council funded short breaks service that provides respite to families by offering short term care, support and accommodation for up to five people living with a learning disability. The home does not provide nursing care.

At the last inspection on the 13 May 2014 the service was found to be meeting the regulations applicable at that time.

At the time of the inspection there was a registered manager at the service. 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.

We received positive feedback from people using the service, their families and staff members. Everybody we spoke with indicated that staff were caring, respectful and understood people's needs well. Relatives voiced their confidence in the service and its ability to support their relatives safely and effectively whilst allowing a period of respite.

The provider had processes in place to maintain a protected and suitable environment for all people using the service and visitors. Risk assessments were established to identify any risks associated with areas such as the use of bath hoists, wheelchairs, sharps and substances hazardous to health (COSHH).

Suitable training was offered to staff to ensure they were competent in recognising the signs of abuse and could appropriately and confidently respond to any safeguarding concerns. Staff were aware of how to notify the relevant authorities when required.

The service had satisfactory staffing levels to support the operation of the service and provide people with safe and personalised support. Comments from people using the service, their relatives and staff supported this. Staff were expected to access a variety of mandatory and additional training which ensured they were skilled and experienced in safely and effectively supporting all people using the service.

Recruitment procedures were in place to ensure appropriate steps were taken to verify new employee's character and fitness to work. New employee induction processes were robust and staff were required to complete an additional Lancashire County Council induction prior to commencing employment. This process ensured the correct amount of detail to provide them with the knowledge to carry out their support role effectively. People spoken with and their relatives felt that staff knew their needs well. Staff demonstrated a good understanding of their role and how to support people based on individual need and

in a person centred way.

The provider had appropriate processes in place for the safe administration of medicines; this was in line with best practice guidance from the National Institute for Health and Care Excellence. Staff were adequately trained in the administration of medicines and all medicines were stored securely and safely.

Each person had their own individual care file containing documents such as support plans and risk assessments and a personal profile. These records gave clear information about people's needs, wishes, feelings and health conditions. Changes to people's needs and requirements were communicated well which meant staff were kept up to date with any changes.

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These provided legal safeguards for people who may be unable to make their own decisions. The management team also demonstrated their knowledge about what process they needed to follow should it be necessary to place any restrictions on a person who used the service in their best interests.

People, their relatives and staff spoke positively about the management team referring to them as approachable and professional. People informed us they were happy to approach management with any concerns or questions. People felt the registered manager was very supportive and would act on any issues they may have.

We found the ethos of the service was very much about providing a place where people could feel safe, develop, and access respite. The staff and management were very much a part of enabling this to happen.

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.

People indicated they were safe. They were cared for by a staff team which had been safely recruited and had received an appropriate service induction.

Staffing levels were appropriate and enabled the service to meet people's individual needs and allow people to gain ownership in their lives and manage any risks knowledgeably and effectively.

Staff were aware of their duty and responsibility to protect people from abuse and followed a correct procedure if they suspected any abusive or neglectful practice.

Is the service effective?

Good ●

The service was effective.

People received support that was tailored to meet their needs and promote independence and were supported by staff that were well trained and supervised.

Staff and management had an understanding of best interest's decisions and the MCA 2005 legislation.

People were supported well with their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and their privacy and dignity was respected by staff they described as being respectful and who understood their needs.

People's care and support was provided according to their wishes and preferences.

Is the service responsive?

Good ●

The service was responsive.

People's support files were centred on their wishes, needs and goals and kept under regular review.

Staff were knowledgeable about people's support needs and preferences and the agency offered a flexible way of working which responded to any changes in a positive way.

People were encouraged to raise concerns and had been equipped with relevant information to do so. Their concerns were dealt with effectively.

Is the service well-led?

Good ●

The service was well led.

There were effective systems in place to regularly assess and monitor the quality of the service that people received.

The service had a clear set of values which were promoted by the management team and care staff.

The management team took a pro-active approach to ensure people received a quality service from a team of staff that were valued.

Hyndburn Short Break Service

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 was 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 19 and 20 October 2016 and was completed by contacting relatives by telephone on the 26 October 2016. The inspection was carried out by one adult social care inspector. At the time of our inspection there were 45 people receiving care at the service.

Before the inspection 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 the service plans to make.

Prior to the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we looked around the building, spoke with three people who used the service and two of their relatives. We spoke with two staff members, the service manager and the registered manager. We looked at the care records of four people who used the service and other associated documents such as policies and procedures, safety and quality audits and quality assurance surveys. We also looked at four staff personnel and training files, service agreements, staff rotas, minutes of staff meetings, complaints records and comments and compliments records.

Is the service safe?

Our findings

People we spoke with indicated to us that they were pleased with the standard of care the service provided to them. People who were unable to communicate appeared content and happy in staff presence. One person said, "Yes I feel safe here. It's a nice place." Similarly relatives gave positive comments about the service received. Comments included, "Whenever [my relative] returns home from their stay whether it be long or short they always return home settled and relaxed" and "I feel [my relative] is very safe when they go to stay at the service. I have every trust in the staff team. They do a wonderful job."

The registered manager told us processes were in place which aimed to maintain consistent staffing arrangements. Managers from across all three services would frequently meet to look at the staffing arrangement for the coming months. The registered manager added that they were now looking at staff shift cover for the following year. We looked at staff rotas covering a four week period which included the week of inspection. We noted sufficient numbers of staff were employed to deliver safe and effective care to people using the service. Staff we spoke with also confirmed this. Staff told us they never felt rushed in the work and were able to provide people with meaningful and safe support.

The provider had recruitment policies and procedures in place which aimed to protect people using the service and ensured staff had the necessary skills and experience. We looked at four staff files and noted each file had appropriate information in line with current guidance. We saw the required character checks had been completed before staff worked at the service and these were recorded. Staff files also included proof of identity and DBS (Disclosure and Barring Service) checks. The DBS 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.

The registered manager added, "The staff team are really good and knowledgeable in what they do. New staff have also recently joined the service and I feel they have complimented the core staff team extremely well."

Contractual arrangements were in place for staff which included disciplinary procedures which aimed to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. The registered manager told us there had been no disciplinary action in the past 12 months. Therefore we were unable to determine the providers conduct when dealing with such processes.

We did not observe staff administering medicines. However, we spoke with staff about the process and asked them to give examples of how they ensure medicines were administered safely and in line with best practice guidance. Staff displayed a sound knowledge base around how to administer medicines safely and appropriately in line with The National Institute for Health and Care Excellence, (NICE) guidelines.

Training in safe medicines management was provided to all staff and was in date. The registered manager told us that staff were required to, "Stock check" all medicines before each administration to ensure errors

were identified at the earliest opportunity. In addition to this the registered manager told us he would carry out a medicines administration observation on all staff annually. This was to ensure staff remained competent in the handling of medicines.

Sample copies of medicines administration records (MAR) were seen to ensure they were correctly completed. We found there were no errors or gaps in the MAR records we saw. Specific protocols for the administration of medicines prescribed 'as necessary' and 'variable dose' medicines were in place. These protocols ensured staff were aware of when this type of medicine needed to be administered or offered.

We looked at how the service protected people from abuse and the risk of abuse. Safeguarding training was in date and safeguarding vulnerable adult's procedures and 'whistle blowing' (reporting poor practice) procedures were in place for staff to refer to. Staff we spoke with were aware of the various signs and indicators of abuse. One staff member told us, "If someone was in immediate danger I would contact the emergency services. I would also report any concerns to the managers and if needed I would also contact the local authority safeguarding team and the Commission." Staff confirmed that they had received training and guidance on safeguarding and protecting adults. We also saw evidence of this.

Appropriate safeguarding logs and incident information was kept on the services computer system by the registered manager. We did not see any further accident or incidents which would have been reportable to the local authority or to the Commission.

We looked at how risks to people's individual safety and well-being were assessed and managed. Each person's file we looked at contained individual risk assessments. The assessments we looked at reflected risks associated with the person's specific needs and preferences. Areas such as bathing, accessing the community, accessing the service alongside people who may display challenging behaviours and using a height adjustable bed were considered.

Each individual risk assessments was then broken down into areas such as, benefits, nature of risk/hazard and recommendation made to eliminate the posed risk. Each risk assessment we saw had been signed and agreed by the person or family member where appropriate. Individual strategies had been developed to guide staff on how to manage and respond to identified risks. Risk assessments had been reviewed when appropriate and updated with any necessary additional information.

Support staff we spoke with displayed a sound understanding of risk assessment processes and were able to speak confidently about the measures they took to promote the safety and wellbeing of the people they supported. Staff also showed robust knowledge and understanding in relation to positive risk taking. Identifying the requirement to enable people to live their lives the way they chose in a safe way. Positive risk taking was a key factor in the service.

Environmental risk assessments were in place. These looked at individual factors in the service which may pose a risk to people. Such as, use of stairs, kitchen utensils/sharps, the 'Control of Substances Hazardous to Health' (COSHH) and gas appliances. We noted that the electrical safety installation certificate was out of date. We spoke with the registered manager about this who informed this had been identified and processes were in place by the local authority building service department to address this. In addition to this other areas such as the use of wheelchairs were also assessed and reviewed to ensure they were in safe working order. Water temperature checks and legionella were carried out. All risk assessments we saw were regularly reviewed and in date.

The service had robust fire risk procedures in place and detailed annual fire risk assessments were followed.

Staff had received fire training and we noted fire signage and equipment was visible throughout the building. Fire alarm testing was done weekly by a designated member of staff. The last fire drill documented was April 2016. This involved a full evacuation of the premises which was timed.

The provider had a Business Continuity Plan. This was updated as necessary. It outlined the provider's aims to provide a framework for an organisational response to any disruptive events such as adverse weather conditions. It planned to maintain critical services to people in the event of any such disruption. It provided details and internal and external contacts for people who were able to assist such as the health protection unit, utility companies, police, directors and managers.

Is the service effective?

Our findings

Relatives we spoke with felt the service they received for their family members was, "Fantastic" and "Very effective". Comments included, "They cater for [my relatives] needs very well. They are a fantastic service. There is nothing I can say that they need to improve on" and "They are very good, staff are very well trained. I really rely on this service to enable me to have some respite from time to time." People we spoke with at the service spoke positively about their experience. One person told us, "I really enjoy staying here. The staff are nice and look after me. I look forward to coming."

The provider had processes in place to train and support staff. All staff were required to complete an induction programme before commencing work at the home. This included an initial orientation induction, training in the organisation's policies, procedures and mandatory training. In addition to this staff were also required to complete an in house Lancashire County Council four day induction covering a variety of training such as confidentiality and safeguarding awareness. Staff newly recruited to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop their role. Staff we spoke with told us they felt this equipped them for their role. We saw evidence of completed induction programmes in the files we looked at.

The service offered an appropriate amount of training which was relevant to the people using the service. Training topics covered aspects such as the safe handling of medicines, fire rescue, record keeping, physical intervention and food safety. Staff we spoke with confirmed that they received an appropriate amount of training and that they were up to date. One staff member told us, "I have done lots of training. I have just asked if I can attend level two and three in positive behavioural training. Within two weeks this was arranged for me. The service is very good like that."

Staff told us they received supervision and appraisal in line with current procedural guidelines. We saw records of supervisions held and noted plans were in place to schedule supervision meetings. Staff spoken with told us they received regular one to one sessions and on-going support from the management team. This had provided care staff with the opportunity to discuss their responsibilities and the care of people who used the service. Staff told us, "My supervisions are frequent. I feel I get a lot from my sessions. I always get feedback on how I am doing."

Staff told us they always received a verbal handover before each shift. Staff informed that additional, "Key" information would be documented in the communication book. Staff spoken with told us this was a good method. We did not see any evidence to state things were being missed and people we spoke with and their families supported this way of communicating. One staff member told us, "Staff always arrive into work 15 minutes earlier for handover. This is something we all choose to do and it's nice to see the staff team and have a chat before starting work."

People's care plans contained important information about their medical histories and any health care needs. This meant that support staff were aware of any risks to people's wellbeing and what action they should take if they identified any concerns. The registered manager told us the service had positive links

with local resources such as, learning disability teams and speech and language, (SALT). We noted processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional risk assessments were used when required. This helped to ensure any risks relating to poor nutrition or hydration were identified and addressed.

'Food hygiene' was part of the service's training programme, which helped to ensure support staff had the knowledge and skills to prepare food safely. People were encouraged to eat healthy and were very much a part of the meal planning.

The Mental Capacity Act (MCA) 2005 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had systems in place to protect people's rights. We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager was able to describe the action he would take to ensure the best interests of any person who used the service were protected if any such concerns were identified in the future. We saw the registered manager had made how many appropriate referrals to the local authority. However at the time of inspection the registered manager was still waiting for the applications to be approved by the DoLS team.

Is the service caring?

Our findings

People indicated they were treated with kindness and compassion. Throughout the inspection we observed positive staff interaction which was caring and considerate. Similarly people's relatives felt their family members were supported in a caring and empathetic way. Comments included, "[My relative] is always happy in the days coming up to their respite stay. I know if they were anxious about it and did not want to go they would certainly make it known" and "It is such a caring place, although I don't visit I know I can if I wanted to. I would love to think [my relative] could live there on a permanent basis should something happen to me. I know this can't happen due to the nature of the service but I wish it could."

Staff gave examples about how to maintain a person's privacy by knocking and waiting for a response before entering a bedroom and ensuring the door was closed before supporting people with any personal care. The provider had a 'code of conduct' of practice that staff were expected to follow. This would ensure staff were adhering to best practice guidance. Staff we spoke with understood their role in providing people with care, understanding and support. One staff member said, "I really love my job, this is based on the people I support and the variety of the work. It's very rewarding to get that communication skill with a person who doesn't verbally communicate. It's good to know I can make a difference in people's lives."

The ethos of the service respected the diverse needs of the people it supported and promoted people as individuals to ensure life opportunities and requirements were offered at every opportunity. The registered manager stated, "I feel we are a very caring and compassionate service. We try our best to engage with people. Most people really enjoy the company and interaction they have whilst staying here."

People we spoke with including relatives, felt that staff listened to them and explained things in a way which they could understand. We saw examples of this over the two days of the inspection. The service ensured a handbook was present in each bedroom which contained easy read information such as, what to expect from the service during, before and after their stay, information on staff roles and training and a description of the Accrington area and places to visit in the surrounding area.

We noted staff confidentiality was a key feature in staff contractual arrangements. Staff induction covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

Staff spoke respectfully about the people they supported. They demonstrated a good understanding of their role and how to support people with a person centred approach. They gave examples of how they provided support and promoted people's independence and choice. One staff member said, "It's all about choice and promoting independence. If we need to make a decision we will involve the person and follow the care plan."

Compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw many messages of thanks from people and their families.

Is the service responsive?

Our findings

People indicated that staff met and responded to their needs effectively. People indicated that staff listened to their requests and were always available to spend time supporting them with any tasks they may require on a daily basis. People's relatives also expressed satisfaction with how their own needs were responded to by staff. Comments included, "There is always good communication between the service and us. They are always sharing information with us. This makes me feel content" and "They are very good, they let you know about anything and we are made to feel welcome if we decide to visit. Nothing is ever too much trouble."

We noted the provider had robust processes in place to ensure thorough evaluations of each person's needs were assessed before the service began to support them. Pre assessments were signed by the person when possible. They contained information about the person's needs, wishes and requirements such as support needed with daily living chores, accessing the community and dietary needs. In addition to this the assessment included detailed personal history, hobbies and interests. The registered manager added, "The social work assessment give a good basis to inform whether the person meets the criteria. Information is taken from this to inform the services own pre- assessment. We also collate information from people and their families and any other service which may be involved in the persons care. Tea visits are offered, we like to adapt a staged process to enable the person to feel comfortable before staying."

Support files contained care plans which had been created based on people's individual needs and requirements. They were agreed where possible by the person or a family member, this helped to enable the development of the care planning process and support the delivery of care. Support plans covered areas such as positive behaviour, choice and control, health and well-being, everyday tasks and accessing the community. Care plan's detailed what support was required to enable the person to fulfil their expectations. Each care plan we saw was signed and dated by each member of staff to evidence they had been read and understood.

Essential contact details were recorded as routine such as health professionals, GP and next of kin. We were able to determine that support files were reviewed regularly by management, the person themselves and family member where appropriate. We were able to determine that care files were reviewed on an annual basis and more often if required. Relatives we spoke with told us they had been involved in this process.

Staff spoken with had a sound knowledge of people's needs and could clearly explain how they provided support that was important to each person in areas such as those relating to health and social care needs, personal preferences and leisure pastimes.

Daily reports provided evidence to show people had received care and support in line with their support plan. We viewed sample records and found they were written in a sensitive way and contained relevant information which was individual to the person. These records enabled all staff to monitor and respond to any changes in a person's well-being.

People were encouraged to pursue activities outside of the service. Some people continued to access day

centres in the same way as if they were at home. This provided continuity to people's daily routines. We saw activities such as arts and crafts, music and games were also provided at the service and were determined by people's interests, abilities and preferences. We saw Halloween crafts displayed on the walls which had been created at the service by people. Other leisure activities outside of the service were also accessed at the person's preference. One staff member said, "We are always out and about. We have numbers we use for wheelchair taxis, we also go on coach trips." We noted an activities board displayed at the service which contained lots of pictures to places such as the local RSPCA shelter and concerts.

The provider had policies and procedures in place for dealing with complaints and concerns. These documents gave clear guidance to staff on how to make a complaint and what to expect including relevant time scales. Handbooks in each room contained an easy read version of the policy.

The registered manager told us the service had not received any formal complaints in the past 12 months. We noted there was no process in place for capturing everyday minor complaints. We spoke with the registered manager about the importance of recording such complaints. The registered manager informed he would ensure that all complaints were recorded.

Comments we received from people using the service and their families confirmed that any concerns and queries were dealt with professionally and all felt able to approach the registered manager with any issues they may have. Similarly staff felt that any issues raised were dealt with in professional and satisfactory manner.

The registered manager held a file which contained compliments cards, letters and emails. There was also a book located at the entrance of the building for people to leave comments. We looked at a sample number of these and noted positive comments complimenting staff and the service for its high standard of care and the kindness of staff and how they supported and offered opportunities to their family members. One person wrote, "[My relative] is always presentable and very happy each time I visit."

Is the service well-led?

Our findings

People present at the service, family members we spoke with and staff all considered the service to be well led. People told us they were very happy with how the service was being managed. Comments from family members included, "Both managers are very approachable. This gives me confidence. They treat everybody with respect and I feel they do things right" and "The service is very well run. I put this down to the management." Comments from staff included, "I was very nervous prior to working here. But when I started it changed my perception, it's a very well organised service" and "Management are very approachable, I love working here."

The service was led by a manager who is registered with the Care Quality Commission. The registered manager was responsible for the day to day operation of the service and a nearby short breaks service operated by the provider. He therefore spent time at both locations. He was supported at the service by the service manager whose responsibility was to oversee the daily running of the short breaks scheme. During the inspection, we spoke with the registered manager about the care provided in the home. He was able to answer all of our questions about the support provided to people showing that he had a good overview of what was happening with staff and people who used the service.

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager or team leader was not present, staff had access to an on call system which was operated via a rota by all the short breaks managers across Lancashire.

The provider had a range of policies and procedures to equip staff with clear and relevant information about current legislation and good practice guidelines. These policies were under regular review and updated when necessary to ensure they reflected any required changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

The provider ensured effective governance audit systems were in place covering areas such as, medicines, people's belongings and petty cash. Staff were required to check these areas on a daily basis and sign to evidence this has been done. Although the registered manager had adequate documentation highlighting accidents and incidents at time of inspection there was no formal audit in place for monitoring such events. We spoke with the registered manager about this who informed he would ensure this was done. The registered manager told us he was required to submit an annual statement of compliance audit to the local authority building services. This looked at areas such as risk assessments and certification of appliances.

The registered manager added, "Plans are being implemented from the local authority to cover a more in-depth audit system in relation to areas such as care plans and other related documentation."

The registered manager told us the service used an additional range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback through quality assurance

questionnaires, residents meetings and ensuring time was allocated to speak with people when requested. Quality questionnaires asked questions such as, do you know how to make a complaint, do you feel welcome and are all the staff approachable. We looked at the results of 21 questionnaires. We noted each person/family member expressed their satisfaction with every aspect of the service. Comments included, "Excellent service, don't change", "Thank you for a great service" and "Increasingly there is a greater understanding of [my relatives] needs."

In addition to the surveys, people and/or their relatives were asked to complete a 'de brief' form following their stay. These were required to be completed no later than two days following the stay and asked for feedback, confirmation of dates for further visits and any other relevant information.

Frequent staff meetings were held. These meetings were used to discuss any issues and feedback any complaints and compliments. Good and bad practice was also noted and discussed in full. We noted that ideas from staff were listened to and actioned if appropriate. Staff confirmed these happened at regular intervals and found them a useful arena to share ideas and concerns. One staff member commented, "If you need to raise anything at the meetings you can and managers will listen."

The service holds an, 'Investors in People's' award. This was awarded in 2014. The Investors in People status is a sign of a good employer, an outperforming place to work and a clear commitment to sustainability.

Throughout the inspection we found the registered manager approachable. He provided us with the documentation we requested without delay. The registered manager told us, "We try to create a suitable environment for every person who stays. Some see it as a holiday and some see it as a home from home, therefore bring their own personal belongings. We adapt to the individual." This comment supported the services statement of purpose which highlighted, "The service provides a place where people can come to and feel safe, lead healthy lives, learn and develop, work and prosper and get help should they require it."