

The Royal National Institute for Deaf People

RNID Action on Hearing Loss Watery Lane Cottage

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on the 3 June 2016 and was unannounced. When the service was last inspected in February 2014 there were no breaches of the legal requirements identified.

Watery Lane Cottage provides accommodation home for three deafblind adults who may need additional support with learning or physical disability or their emotional development. At the time of our inspection there were three people living at the service.

A registered manager was in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are "registered 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 cottage was adapted to meet the needs of the people who live there. The lounge, kitchen and dining area is open plan. There is a large seating area, a dining area and a U-shaped gallery style kitchen. This enabled the staff to support people with discrete supervision without always having to physically engage. This allowed people to explore their independence and home despite their dual sensory loss. The service was homely and individualised to the people who lived there.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. Staff worked on the premise of how people could be supported to do fun, but risky activities, rather than trying to stop people doing things they liked. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified.

Care plans were based around the individual preferences of people. People and relatives were involved in their care plans and the decision making process. They gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans.

People were supported by keyworkers. They developed opportunities and activities, and in conjunction with the registered manager, took part in support plan development with the person. The process ensured the person was fully involved with their own programme of events.

There was positive feedback about the service and caring nature of staff from people and relatives.

Comments included; "The staff are very attentive. Five gold stars. It couldn't be any better"; "We consider our relative is well-supported by the staff team who are all able to communicate effectively with him". A recent compliment stated; "We would like to say how extremely impressed we were with [staff member's name] in Watery Cottage and the remarkable insight into the care for his residents."

Staff received a comprehensive induction and on-going training, tailored to the needs of the people they supported. They were confident and knowledgeable in their ability to support and care for people and their commitment for supporting people live a fulfilled life was evident throughout the inspection. There were sufficient staff deployed to meet the needs and preferences of the people that lived there.

People received their medicines when they needed them. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff holding people's hands and sitting and talking with them, through their preferred method of communication. This included British Sign Language and the Deaf Blind Manual Alphabet. People were relaxed and happy with the staff and it was clear that caring relationships had developed between them.

People had their physical and mental health needs monitored. All care records that we viewed showed people had access to healthcare professionals according to their specific needs.

People were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them.

People had access to activities that met their needs. Many of the activities were based in the community giving people access to friends and meeting new people. The staff knew the people they cared for as individuals.

People knew how to make a complaint. The service had a 'My Say' tactile complaints tool in place for each person to access, if required. No formal complaints had been received from people who used the service in the past year.

There were systems in place to assess, monitor and improve the quality and safety of the service. Surveys were completed by people, staff members and other managers who run the provider's services. The feedback was reviewed to improve the service and the people's experience of living there.

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.

Appropriate recruitment checks were completed to ensure staff were safe to work at the service.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Staff understood their responsibilities around protecting people from harm and abuse.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate support through a supervision and training programme.

People's rights under the Mental Capacity Act 2005 were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People's healthcare needs were met and the service had obtained support and guidance where required.

Is the service caring?

Good ●

The service was extremely caring.

Staff were caring towards people and there was a good relationship between people and staff.

Nothing appeared to be too much trouble for the staff team and they took great pride in their work. The service was people-led

and they were proactively supported to express their views and achieve their goals.

Communication was excellent as staff were able to understand the people they support. Staff went the extra mile to give people a good life.

People were supported to be independent as far as possible and make their own decisions about their lives.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People received good care that was personal to them and staff assisted them with the things they made the choices to do. People were involved in their care plan reviews.

Each person's care plan included personal profiles which included what was important to the person and how best to support them.

People had access to an excellent range of activities that matched their interests. People had diverse interests and good access to the local community.

Is the service well-led?

Good ●

The service was well-led.

Staff felt well supported by their registered manager.

To ensure continuous improvement the registered manager conducted regular compliance audits. The audits identified good practice and action areas where improvements were required.

People and staff were involved in improving the service.

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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.

The inspection took place on 3 June 2016 and was unannounced. The last inspection of this service was in February 2014 and we had not identified any breaches of the legal requirements at that time. This inspection was carried out by one inspector.

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 the improvements they plan to make.

On the day of the inspection we spoke with three members of staff, the deputy and registered manager. In order to enhance our understanding of people's experience of living in the service we observed interactions between staff in communal areas. We also spoke with one person who lived at the service. A member of staff acted as an interpreter. Following the inspection we spoke to three relatives.

We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, surveys, audits and training records.

Is the service safe?

Our findings

There were sufficient staffing levels to keep people safe and support the health and welfare needs of people living at the service. Each person received one-to-one care during the morning and evening shifts. This meant that staff were always available if people needed help. Staff we spoke with felt the staffing level was appropriate. One relative described the service as being "the best possible environment."

People were protected from the risk of abuse. Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. The safeguarding guidance included how to report safeguarding concerns both internally and externally and provided contact numbers. Staff told us they felt confident to speak directly with a senior member of staff and that they would be listened to. All members of staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. Staff files were held application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Incidents and accident forms were completed when necessary and reviewed. This was completed by staff with the aim of reducing the risk of the incident or accident happening. The records showed a description of the incident, the location of the incident and the action taken. The recorded incidents and accidents were reviewed by the registered manager and Head of Service. They reviewed the incidents and accidents and identify any emerging themes and lessons learnt. This analysis enabled them to implement strategies to reduce the risk of the incident occurring again. These included the implementation of strategies involving mobility and known ritualistic behaviours.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as money management, safer people handling and healthy life style management. People were not restricted from doing things they liked because it was too 'risky'. Staff showed a good understanding of assessing hazards; with insight into the likelihood and severity of the risk, whilst enabling people to take part in activities, such as zip-lining. A plan was in place to manage risks associated with the person's chosen activities. Assessments were reviewed regularly and updated, when required. Within the person's records, appropriate support and guidance for staff was recorded. Potential hazards were identified and control measure instructions were provided.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were checked into the home and were recorded appropriately.

People's medicines were managed and received by people safely. Staff had received training in medicines administration. Staff administering the medicines were knowledgeable about the medicines they were giving and knew people's medical needs well. The ordering, storage, recording and disposal of medicines were safe and well managed. Medicines were stored in locked cabinets in the person's room to keep them safe when not in use. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. People were receiving their medicines in line with their prescriptions.

We saw that PRN medication plans were in place. PRN medication is commonly used to signify a medication that is taken only when needed. Care plans identified the medication and the reason why this may be needed at certain times for the individual. Care plans confirmed how people preferred to take their medicines.

People were cared for in a clean and safe environment. The home was well maintained and the risk of trips and falls was reduced as the service was free of clutter and in good condition. The service felt homely and individualised to the people that lived here.

People's care and support would not be compromised in the event of an emergency. People's individual support needs in the event of an emergency had been identified and recorded by staff in a Personal Emergency Evacuation Plan (PEEP). A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency. The PEEP gave clear instructions on what staff was required to do to ensure people were kept safe. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely.

Is the service effective?

Our findings

People were supported by well trained staff that had sufficient knowledge and skills to enable them to care for people. The provider ensured that new staff completed an induction training programme which prepared them for their role. The induction training period included training specific to the new staff members role and to the people they would be supporting. A new induction training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. To enhance their understanding of a person's needs new members of staff also shadowed more experienced members of staff.

Staff were supported to undertake training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in essential matters to ensure staff and people at the home were safe. For example, training in moving and handling, fire safety, first aid and medication had been completed. The provider had a training programme throughout the year that ensured staff training was updated when required. Additional training specific to the needs of people who used the service had been provided for staff, such as Management of Actual or Potential Aggression (MAPA) and understanding autism had been undertaken by staff. All staff were required to have knowledge or learn British Sign language (BSL).

Staff were effectively supported through a supervision programme. The registered manager met with staff regularly to discuss their performance and work. Supervisions covered topics such as training and development, the people that staff support, team issues and safeguarding. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. To ensure the person's best interests were fully considered the DoLS application process involved family members, staff members and a mental health capacity assessor.

Staff completed Mental Capacity Act 2005 (MCA) training and understood the importance of promoting choice and empowerment to people when supporting them. Where possible the service enabled people to make their own decisions and assist the decision making process where they could. Each member of staff we spoke with placed emphasis on enabling the people they assisted to make their own choices. One member of staff commented; "[Person's name] lacks capacity. I offer choices on daily decisions. He will tell you if he doesn't want something. He's very specific."

Support plans held decision making agreements and advised staff how to assist a person to make day-to-

day decisions, where possible. One person wanted to develop their understanding regarding the value of money management and become more independent. They also wanted to save money towards a holiday. A mental capacity assessment regarding money management was in place, with a record of a decision making agreement about how their money would be managed in the least restrictive way possible. This enabled the person to take control of their money on a day-to-day basis and allocate an agreed amount towards a holiday saving plan. Specific issues such as medication reviews decision making agreements involved the appropriate health professionals, staff and family members. The service communicated with the family about incidents or decisions that affected their relative. One relative told us; "We are invited to annual reviews and recently attended a best interest meeting in relation to imminent surgery. We are always consulted and informed of any on-going issues including health, holidays and changes to staff."

People's nutrition and hydration needs were met. People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. People were involved in choosing their own menus, food preparation and cooking. People's preferences for food were identified in their support plans. Records of special diets, such as diabetes, were detailed and people were seen to have these needs met. The deputy manager told us that healthy eating is one of the provider's 'Making it Real' priorities this year. People's choice of food was respected if they chose to eat snacks or fast food.

Is the service caring?

Our findings

We had very positive feedback about the caring nature of the staff from people. One relative told us; "We consider our relative fortunate to be living at Watery Lane cottage. He has benefitted from the personalised support that he receives and benefits from a variety of staff who support him well. They are a young motivated team and ensure he has a full active life, promoting and maintaining his independence." One person told us; "The staff are wonderful. They help me and I would approach them if I felt sad. I love it here. Everything is good."

Staff were very caring and attentive with people. During the inspection, staff engaged exceptionally well with people. We observed that people had a very good rapport with the staff. Throughout our inspection staff had positive, warm and professional interactions with people. They took time to sit and communicate with people who responded well to this interaction with them. Staff took a vested interest in what people were doing and asking how people were feeling. Staff continually offered support to people with their plans.

People had access to their own keyworkers. The keyworkers ensured that the person had maximum control over all aspects of their daily life. They are involved in the planning of how the person's care needs will be met, and agreeing with the person the amount of assistance they require and the activities they would like to engage in. One person told us about the things they like to do and their goals; "I like woodwork, cooking, swimming, coffee shops and I like the gym. In the future I would like holidays in England and I would like to go to the funfair in Blackpool." The person's keyworker was aware of the person's goals and plans were in place to enable the person to achieve their objectives. The person also told us they had an interest in Vikings and Laurel and Hardy. They liked the characters and the fighting with the swords. The member of staff told us that they watched part of the DVD and then interpreted the scenes to the person. The staff member ensured that the support provided reflected the person's personal preferences. They invested time in the person they cared for and this was hugely appreciated by the person we spoke with.

Care plans contained detailed, personal information about people's communication needs. This ensured staff could meet people's communication needs in a caring way. One person's communication passport identified that they used hands-on BSL signing and deafblind manual fingerspelling. The passport identified how the person sought help and how best to communicate with them, such as using a chair and sitting opposite the person. We observed staff following the guidelines and fully engaging with the person. Every week, each person uses the communication tool 'My Say' to feedback to staff how they feel about certain areas of my life. One person advised in their communication passport that they used the My Say to 'say if I'm happy or sad about something and then I will tell you why and what I want to change. It's a great opportunity for you to get to know me and improve your communication skills.' In order to enhance their understanding of people the service placed emphasis on promoting at all times a two-way level of communication between them and the people they cared for.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. The level of detail provided by staff members was exacting and reflected in the person's care plans. When they spoke about the people they cared for they expressed warmth and

dedication towards them . People were provided with activities, food and a lifestyle that respected their choices and preferences. Activities perceived as more risky, such as zip-lining and indoor sky-diving were enabled by the staff team. Nothing appeared to be too much trouble for the staff team and they took great pride in their work. The service was people-led and they were proactively supported to express their views and achieve their goals.

People had their bedrooms furnished to their own individual taste. Staff worked with people regarding the layout and furniture in their room. People's rooms reflected their individual needs, wishes and preferences. Rooms were decorated with tactile art and meaningful decorations. One person had an active interest in the London Underground. A tactile map was displayed in their room alongside a family tree and a savings board. The board assisted the person to understand how close they were towards their chosen goal. The deputy manager also told us of their plans to install a tactile decoration in the communal area of the service. The plan to install a tactile tree which will include electronic picture frames showing the activities that the people have engaged in. The tree will also include tactile objects depicting seasonal change. The staff's enthusiasm to think outside the box and go that extra mile for people was evident throughout the inspection.

Staff ensured that people were always treated with respect and dignity, and ensured that independence and involvement in the home was promoted. This included undertaking household tasks and food preparation. The service had two sound monitors for people they support. This decreased the number of times staff had to check on people and respected their personal space, as far as possible. The service has regular input from a specialist deaf mental health team who deliver therapy sessions for one person they support. They provide advice to the staff team about how best to emotionally support the person with their medical condition.

Staff were knowledgeable about people and their past histories and had formed close bonds with the people that they supported. Staff were able to tell us about people's hobbies and interests, as well as their family life. This information was confirmed when we spoke with relatives. One relative described the service as; "Well equipped and suited for his needs. There are lots of staff and I can't think of anything they don't do well." During our inspection a member of staff who used to work at the service came to visit people and catch up on their latest news.

Is the service responsive?

Our findings

The service was responsive to a person's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared content living in the service and they received the support they required. People's preferences were respected, such as a need for male staff support

A care plan was written and agreed with individuals and other interested parties, as appropriate. All the relatives we spoke with told us they were involved in care plan meetings and the service liaised with them regarding notable events. Care plans were reviewed regularly and a formal review was held once a year and if people's care needs changed. Reviews included comments on the support plan, the person's medication, social and leisure activities, risks, their care and support. Staff responded to any identified issues by amending plans of care, changing activity programmes and consulting external health and care specialists, as necessary. Where required we found that the service accessed external health professionals such as psychiatrists, diabetes nurses and physiotherapists. An example of this included where a person needed to improve their mobility. The physiotherapist provided guidelines of recommended leg exercises. These were followed on a daily basis as well as staff providing regular support to the person by enabling them to attend gym sessions.

Care plans addressed areas such as challenging behaviour. The care plans contained detailed information about the delivery of care that the staff would need. One person's care records provided strategies staff should follow to de-escalate the person's behaviour. This included allowing the person to communicate what's on their mind and allowing time and communicating to the person the skills they have. People's challenging behaviour was monitored and staff completed mood charts. This enabled the service to monitor possible triggers and amend plans, if required. Staff we spoke with were extremely knowledgeable about people's specific behaviours. By the information they provided and our observations it was evident that staff members followed the care plan strategies. Where people expressed challenging behaviour staff were informed during staff handovers so that they were aware and able to support people if further incidents occurred again.

Care records were personalised and described how people preferred to be supported. Specific needs and preferred routines were identified. People and their relatives had input and choice in the care and support they received. People's individual needs were recorded and specific personalised information was documented. Each person's care plan included personal profiles which included what was important to the person and how best to support them. People undertook activities personal to them. People in the service were supported in what they wanted to do. The social activities recorded varied for people according to their chosen preferences. This demonstrated that the service gave personalised care.

The social activities recorded varied for people demonstrating the service gave personalised care. On the day of our inspection people were engaging in different activities such as clothes shopping, going out for food and one person had a GP appointment. Activities during the week also included horse-riding,

swimming, community work, music, gardening and woodwork. People's work was displayed throughout the service. People also developed friendships through local community services such as Culture Club at the lounge, Deafblind club in Devizes and Meet and Eat. With the support of the staff during the inspection people were coming and going as they pleased. The deputy manager told us the service are trying to source deaf and blind friendly environments. A particular favourite is Alton Towers and people visit their several times a year. One person had saved for several years for an American holiday where they swam with dolphins. Other holiday destinations have included Greece, Spain and the Canary Islands.

People were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. One relative told us; "We are encouraged to bring [person's name] home. We are welcomed when we come to visit." The service provides families with regular newsletters and updates and facilitate regular trips home, when requested. One relative did advise that improvements could be made regarding receiving regular newsletters or updates. The majority of the relatives felt the service communicated well and kept in touch with them.

Each person held a hospital passport in their records. The passport is designed to help people communicate their needs to doctors, nurses and other professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identifies things are important to the person such as how to communicate with them and their likes and dislikes. Each person also had an annual health check with the GP, staff members, the service user and family members. Where it was considered an operation was needed a best interests meeting was held involving the appropriate interested parties to agree a way forward. The service was inclusive at all times and decision making agreements clearly identified how involved the person would like to be. One person wanted to adopt a healthier lifestyle and sought assistance from staff members to support him in making decisions and giving relevant nutritional information, particularly on low sugar options.

The provider had systems in place to receive and monitor any complaints that were made. One relative told us; "Any concerns are raised with the manager or in their absence with staff on site. They are always responded to by the manager in a timely manner." Other relative's comments included; "There are not any faults. Five gold stars" and "I have no concerns and I have never had to raise a complaint."

Is the service well-led?

Our findings

Staff described the registered and deputy manager as supportive and approachable. There was a positive culture within the home between the people who lived there, the staff and the senior managers. Staff were confident and knowledgeable of all aspects of the home. The registered manager encouraged an open line of communication with their team. Staff members confirmed that they would approach the registered manager if they had any concerns. Regular staff meetings were held and agenda items included people they support, staffing issues, risk assessments, people's holiday plans and activities. Staff we spoke with felt supported with their training and supervision programme. Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they support, such as trying new activities. These actions were actively supported by the registered manager. One member of staff told us; "The managers are approachable. I feel confident to approach them. There is a good team spirit. We provide really good support to the service users. We want it to feel like a home from home."

Communication books were in place for the staff team as well as one for each of the individuals they support. We saw that staff detailed the necessary information such as the outcome of a healthcare appointment and the required actions. This meant that staff had all the appropriate information at staff handover. Staff were required to attend the handovers as well as reading the communications book for the service and the individuals.

Through regular care plan and best interest meetings people and their representatives were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. The meetings provided an opportunity for people and their representatives to discuss issues that were important to them and proposed actions. People and their representatives were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals.

Through annual surveys the service actively sought the views of people, relatives, health professional and managers who ran other services run by the provider. The registered manager analysed and responded to the information gathered and took action to address issues where they had been raised. Staff members had suggested that more individualised symbols should be used for people in their 'My Say' sessions. This suggestion had been taken forward. People felt listened to and overall the feedback was extremely positive. Comments included; "I feel safe and valued, listened to and understood. We are a person centred team. This is a nurturing environment as a work place"; "I love our management team. They are pretty awesome and have a positive caring and encouraging attitude"; "I like how there are many activities available for people to get involved with, and the sense of community it promotes"; and "I like the activities I do"

To ensure continuous improvement the Head of Service conducted regular compliance audits. They reviewed issues such as; health and safety, incident and accident reports, risk assessments, fire safety, maintenance and the environment. The observations identified good practice and areas where improvements were required. Examples of this included where tiles needed replacing in the patio area as they were a trip hazard.

The environment was adapted to suit people's needs. The staff and people had put a lot of thought into how best use the area. People had the opportunity to grow fruit and vegetables in the garden and raised beds. One person had made a bird table. The service had a small patio area with garden furniture where people could enjoy a meal and relax. A summer house had also been refurbished to enable craft and sessional activities. It had been decorated with tactile designs by the people who used the service. It was also used as a breakout area for keyworker sessions and family visits. The staff were continually looking for ideas to improve the inside and outside areas of the service. Owing to one person particularly liking cooking and Jamaican food the deputy manager told us that they had ordered a Barbeque smoker. The plan is to teach the person how to use the smoker. The deputy manager also told us that they would also like further personalise people's bedroom.

Systems to reduce the risk of harm were in operation and regular maintenance was completed. Audits ensured home cleanliness and suitability of equipment was monitored. Fire alarm, water checks and equipment tests were also completed.

Under the leadership of the deputy and registered manager people had a positive experience living at the service. They were supported by a committed staff team; who ensured that people lived in a safe home; which gave effective care; by caring and supportive staff; who responded to the people's needs and involved them in their care and support.