

## Lothlorien Community Limited

# Ravenlea

### Inspection report

11 Ravenlea Road  
Folkestone  
Kent  
CT20 2JU

Tel: 01303255729

Website: [www.craegmoor.co.uk](http://www.craegmoor.co.uk)

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### Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 16 January 2019. The inspection was unannounced.

Ravenlea is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ravenlea accommodates up to seven people who have learning disabilities or autistic spectrum disorder. Some people had additional health concerns such as epilepsy and diabetes. There were six people living at the service when we inspected.

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. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had 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.

This service was last inspected in September 2017 and we found two breaches of regulations and improvement was required. The breaches concerned not responding promptly to concerns about people's safety and a failure to notify CQC of events which was legally required. This inspection found required improvement had been made and the previous concerns were addressed.

People's medicines were well managed and stored safely; there was clear guidance for staff on how to support people to take their medicines.

Risks to people were individually assessed and there was comprehensive guidance for staff. People were kept safe from avoidable harm and could raise any concerns with the registered manager.

There was enough suitably trained and safely recruited staff to meet people's needs. Staff had the right induction, training and on-going support to do their job. People were supported to eat and drink enough to maintain a balanced diet and were given choice with their meals.

People's needs and rights to equality had been assessed and care plans were kept up to date when needs changed. People were protected from any environmental risks in a clean and well-maintained home. Lessons were learnt from accidents and incidents.

Health and social care professionals were involved in people's care and support and people accessed the healthcare they needed. Staff worked closely with other organisations to meet people's individual needs.

People's needs were met by the facilities provided at Ravenlea. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring, the management team ensured there was a culture which promoted treating people with kindness, respect and compassion. Staff were attentive to people. The service had received positive feedback and people were involved in their care as much as possible. Staff protected people's privacy and dignity and people were encouraged to be as independent as possible. Visitors were made welcome.

Personalised care met people's needs, care plans were person centred and up to date. Where known, people's wishes about their end of life care were recorded. People were encouraged to take part in activities they enjoyed. There had not been any complaints but people could raise any concerns they had with the registered manager. The provider sought feedback from people and their relatives which was recorded and reviewed.

People were happy with the management of the service and staff understood the vision and values of the service promoted by the provider and staff. There was a positive, person centred and professional culture. The registered manager had good oversight of the quality and safety of the service, and risks were clearly understood and managed. This was supported by good record keeping, good communication and working in partnership with other health professionals. The management team promoted continuous learning by reviewing audits, feedback and incidents and making changes as a result.

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?

Good ●

The service was safe.

People received their medicines safely from staff who were trained to do so.

People were protected from the risk of abuse; any allegations of abuse were immediately reported and investigated.

Risks to people and the environment were assessed and staff acted to manage and reduce risk.

There were enough staff available to meet people's needs. New staff were recruited safely.

People were protected by the prevention and control of infection.

### Is the service effective?

Good ●

The service was effective.

People were provided with care based on an assessment of their needs.

People were cared for by staff who knew their needs well.

Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role.

The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were understood by the provider and staff received training about this.

### Is the service caring?

Good ●

The service was caring.

Staff acted sensitively to protect people's privacy and dignity.

Staff engaged well with people and spoke with them in a caring, dignified and compassionate way.

People were supported to be as independent as possible.

### **Is the service responsive?**

The service was responsive.

People's care and support was planned in line with their individual care and support needs.

Staff knew people well and had a good understanding of individual's needs and preferences. People were relaxed in the company of each other and staff.

There was a complaints system and people knew how to complain but said they had no complaints.

**Good** ●

### **Is the service well-led?**

The service was well led.

The provider and the management team had good systems in place to monitor the quality of the service.

Systems were in place to enable people, their relatives and health and social care professionals to provide feedback.

Policies and procedures were continually updated and accessible to staff.

The registered manager kept up to date with good practice and gained support and knowledge from attendance at conferences, forums and events in the local area.

Staff felt well supported by the registered manager and the provider.□□

**Good** ●

# Ravenlea

## 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.

We undertook an unannounced inspection of this service on 16 January 2019. The inspection was undertaken by one inspector, this was because the service was small and it was considered additional inspection staff could be intrusive to people's daily routine.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law and spoke with some local authority care commissioners who had placed people at the service. We used all this information to plan our inspection.

During the inspection we reviewed a range of records. These included two care plans and associated risk assessment information as well as parts of other care plans. We looked at recruitment information for four staff, including those who were more recently appointed; their training and supervision records in addition to the training record for the whole staff team. We viewed records of accidents/incidents, complaints information and records of some equipment, servicing information and maintenance records. We also viewed policies and procedures, medicine records and quality monitoring audits undertaken by the registered manager and provider.

We met each person living at Ravenlea and spoke with four of them. We also spoke to two staff as well as the deputy and registered manager. As some people were not to speak with us directly, to help us further understand their experiences, we observed their responses to the daily events going on around them, their interaction with each other and with staff.

To help us collect evidence about the experience of people who were not able to fully describe their

experiences of the service for themselves because of cognitive or other problems, we used a Short Observational Framework for Inspection (SOFI) to observe people's responses to daily events, their interaction with each other and with staff.

# Is the service safe?

## Our findings

At our last inspection people were not always protected from the risk of abuse. This was because processes were not operated effectively or immediately upon staff becoming aware of situations where people were potentially placed at risk of harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before this inspection we received notification of an allegation of abuse. The registered manager and provider had responded to this allegation immediately and were working with the local authority safeguarding team and police, so that the incident was thoroughly investigated. The person's family had been informed and kept updated. The registered manager was clear about their responsibility to protect people from harm. Safeguarding and whistleblowing policies and procedures were in place for staff to follow and staff had received training. Staff could tell us how they would recognise and respond to abuse. They were confident any concerns raised would be taken seriously and investigated by the management team, to ensure people were protected.

Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. People told us they felt safe living at Ravenlea, they interacted enthusiastically and readily with staff, often smiling, laughing and with excitement. People often went to staff to interact. One person told us, "I do feel safe because all the staff are kind to me." A member of staff told us, "Everyone's safety is important, I would have no hesitation reporting something I didn't like the look of."

There were communication plans which explained how people communicated or behaved if they were anxious or worried about something. These also told staff the way in which they could best support each person. Staff knew people well and responded quickly or anticipated people's support needs. People were relaxed and happy in each other's company, they moved around their home freely and with confidence.

People received their medicines safely and when they needed them. Staff had received appropriate training and competency supervision. There were clear protocols in place to make sure people received the right amount of medicines safely and on time. All medicines were stored securely, in line with current guidance and storage temperatures. Appropriate arrangements were in place for ordering, recording, giving and disposing of prescribed medicines. Clear records showed when and how much medicine had been given. These records were up to date and had no gaps or omissions. Regular medicine audits carried out by the registered manager or key staff helped to ensure people received their medicines safely. Application of medicated creams were recorded and these records were up to date. One person self-administered aspects of their own medicine with the supervision of staff. They had a good understanding of their condition and embraced the opportunity to manage it. Guidance was in place for people who took medicines prescribed 'as and when required' (PRN).

Staffing levels were sufficient, regularly reviewed and based upon people's assessed needs. People and staff felt there were enough staff on duty to support people's activities and safety. The provider made sure there

were always the right number of staff on duty to meet people's assessed needs and staffing levels during our inspection matched the planned staff rota. Staffing was linked to people's one to one support hours and established plans covered any unexpected staff shortfalls such as sickness. Staff told us they had enough time to talk with people and interact with them; they felt there were enough staff to fully meet people's needs. An on-call system ensured, if needed, there was always a senior member of staff available for the staff on duty to contact.

Staff recruitment records reviewed showed all relevant checks had been completed before staff began work. These included disclosure and barring service (DBS) checks, evidence of conduct in previous employment and proof of identity. Staff were not allowed to start work until these checks had been completed. Staff confirmed there was a robust interview process in place and they had been required to provide all the relevant documentation before they started working for the provider. This helped to ensure staff employed by the service were suitable to work with the people they cared for.

Risks to people had been identified, assessed and guidelines were in place to reduce risks. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm. This reduced the potential risk to the person and others. Where people had specific health conditions such as epilepsy or diabetes, risk assessments clearly set out how people needed to be supported. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date. Processes included keeping behaviour analysis records to provide meaningful information to inform positive behaviour support plans. Accidents and incidents were recorded. The registered reviewed each report to ensure that appropriate action was taken to reduce risk of further occurrence. This included updating risk assessments where needed.

Staff and people were involved in fire drills which were evaluated. There was a business continuity plan in place which contained details of how the service should respond in an emergency. Each person had a personal emergency evacuation plan (PEEP), these gave details of the person's physical and communication needs for staff to support them to be evacuated safely.

Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly. Hot water temperatures, portable electrical appliances and firefighting equipment were tested and maintained. Regular checks ensured the fire alarm and emergency lighting was in good working order. Health and Safety audits were completed monthly and reviewed by the registered manager to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment. The service provided a homely environment, many areas were recently decorated and some new furniture was delivered during the inspection. Plans and capital expenditure was approved to convert the attached garage into additional shared living space.

The service was clean and people were protected from the risk of the spread of infection. Staff had completed infection control and food hygiene training. Protective equipment, such as aprons and gloves were easily available to staff and we saw staff using them during our inspection.

Policies and procedures on all health and safety related topics were held in a file in the office and were easily accessible to all staff. Staff told us they knew where to find the policies.

## Is the service effective?

### Our findings

People we spoke with told us they felt the service met their needs. Our observation of staff interaction with people confirmed this. One person told us, "The staff ask before helping me, sometimes they remind me about things I need to do." People were complimentary about the food. One person said, "We always have good food." Another person was visibly excited about having their lunch, they walked back and forth to the kitchen checking when lunch would be ready.

No new people had moved into the service since our last inspection. However, the registered manager described the assessment process to assess the needs of a person before moving into the service or returning from a hospital stay. The assessment included consideration of protected characteristics, such as, race religion or belief and sexual orientation as well as considering how people wanted their support delivered, their medical needs, mobility and levels of support. This information was used to form the person's care plan and support managers in considering if their needs could be met, or if for example, any additional training or staff would be necessary. Where possible people and their relatives were involved in planning their care delivery.

People were supported to live healthier lives with access to healthcare services and ongoing support. Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dietitians. Referrals were made to Speech and Language Therapists (SaLT) where needed and the guidance issued was followed by staff. Care records contained clear guidance for staff to follow. Hospital passports were in place for people to take with them, should they need to be admitted to hospital. These explained people's needs, detailed any medical conditions and how people communicated. This information was also shared for anyone moving out of the service to another service.

People who had specific challenges, such as behaviours that may place themselves or others at risk of harm, had detailed personal guidance for staff to follow. Staff handovers at the end of each shift made sure staff were informed of any changes or significant events that may have affected people. New information or any changes in people's care or support were also communicated to staff in writing; staff signed these communications as acknowledgement they had read and understood them.

Mandatory training such as infection control, safeguarding and moving and handling people had been delivered and was up to date. Specific training for diabetes, epilepsy and positive behaviour support ensured staff understood and were able to support particular needs. People received care from staff who had received training appropriate to their role and to people's needs. Staff completed an induction when they started working at the service. This included working with experienced staff to learn about people's choices, preferences and support needs. New staff worked alongside experienced staff and were supported to complete The Care Certificate. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work within the care sector. Their competency in each area of their role was assessed and signed off by the registered manager.

All staff received regular supervision and an annual appraisal. They could give their feedback and reflect on their performance as well as receive comments from managers. Staff told us they felt supported and people told us they had confidence in the staff who cared for them.

People's consent to care and treatment had been formally asked. Verbal consent was sought by staff for day-to-day matters, like asking permission to go into people's bedrooms or when giving people medicines. Some people lacked mental capacity to make some decisions and, in these cases, a mental capacity assessment had been made. These were necessary to comply with the principles of the Mental Capacity Act 2005 (MCA).

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. DoLS applications had been applied for when appropriate and any conditions of authorisation were met.

People were supported to make decisions, such as choices such about what to eat, wear and how to spend their time. Staff told us that if people were unable to make simple decisions, they would use what they knew about their likes and dislikes to enable people decide. When decisions had been made in people's best interests these were recorded and involved staff, relatives and professionals that knew the person well.

People were supported to maintain a balanced diet. Individual needs had been assessed and preferences recorded. The menu was displayed in the kitchen in print and pictorial form. People were asked their choices and helped to plan menus, some people helped with food preparation and shopping. One person told us with pride about a banana cake they had baked the weekend before our inspection. The meals served at lunchtime were attractively presented and well received. Staff were attentive to people's needs who needed support or supervision to eat. Where people needed plate guards or specific cutlery to enable independent eating, this was provided. We spoke with the cook, they knew each person's preferences, like and dislikes and spoke about people's appetites and supporting people to make healthy choices about what they ate. For example, they were aware of how to fortify food any adaptations to make for people living with diabetes. There was a list of people's food preferences and information about allergies available for staff in the kitchen.

## Is the service caring?

### Our findings

People told us they were happy living at Ravenlea. Comments included, "The staff make me feel happy. They are kind," "They help me with my washing," and "I make my own decisions about what I do." People told us they were involved in decisions about care, they felt communication was good because they could talk to staff when they wanted to.

Staff spoke with people with courtesy and kindness and it was clear that relationships of trust had been built. One person needed reassurance at different points during the inspection. Staff responded to this with compassion and patience on every occasion, they engaged enthusiastically with the person and the person clearly enjoyed this interaction. Staff encouraged people to be involved in the inspection if they wanted to be, for example, asking people to show us their bedrooms and records about the medicines they were prescribed. One person decided to stay at Ravenlea, rather than go out for the day, because they were interested in our visit and presence in their home. Staff welcomed their interest and shared with us the different ways in which they worked with each person, which showed they knew people well. The staff rota evidenced that people had consistent staff providing their support.

The interactions between people and staff were relaxed, people joked with staff and clearly felt at ease in their company. The service felt vibrant, people were visibly happy and engaged effortlessly with staff throughout the day. Staff knocked on bedroom doors before entering and closed bedroom and bathroom doors when they were delivering personal care, to protect people's privacy. Staff used people's preferred names and spoke with them respectfully. There were warm and kind exchanges, often made with shared humour. Staff were discreet and spoke to people quietly to remind them to use the toilet, which meant people's dignity was protected in communal areas.

Staff had spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff talked about people's needs knowledgeably and explained how people were given information they needed in a way they understood so that they could make choices. For example, some people used Makaton to supplement their verbal communication and staff used this when they responded. Makaton uses signs and symbols to help people communicate. It is designed to support spoken language.

Care plans were compiled by staff gathering information from people, relatives and health professionals. Care plans and risk assessments were signed or verbally agreed by people to show they had been involved in decisions about their care wherever possible. Staff spent time actively listening and focussing on people and responding accordingly.

People were encouraged to be as independent as possible. Staff explained how they supported people to do aspects of their personal care and encouraged another person to ensure they managed their diabetes effectively and safely. Staff understood and told us how important it was for people to retain their independence. Staff described how they supported people with their personal care. This included explaining to people what they were doing before supporting them with personal care tasks and ensuring people who

needed it were given support to wash and dress. When people had to attend health care appointments, they were supported by staff who knew them well. Some people monitored aspects of their own health conditions, other people attended day centres which helped them to develop life their skills and focus their interests.

People's aims and goals were documented in their files, with descriptions of how these would be achieved broken down. Goals were individual to the person, and staff were proud to share people's achievements with us. Staff who were named key workers for people met with people on a regular basis to review what people had been doing and how their health had been. Key worker reports were compiled to evidence the progress people had made. For example going to a pantomime, helping with cooking and being more active by going out of the service at least once a day

When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People moved freely around the home between their own private space and the communal areas.

People were supported to maintain relationships with their relatives, this included support to visit relatives on a regular basis and telephone calls. One person had asked staff to mend their computer, so they could video call a relative, the member of staff arranged for the provider's IT department to assist them.

People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

## Is the service responsive?

### Our findings

People told us they liked living at the service. Staff enjoyed their work and had worked hard to develop positive relationships with people and their families. Staff kept relatives up to date with any changes in people's health. One person told us, "I do lots of things here and I go to work" another person told us they enjoyed shopping and had been out to the shops in Canterbury that day.

People had hospital passports. These are intended to provide hospital staff with important information about people if they are admitted to hospital. For example, likes and dislikes, preferred ways of communicating, risks and potential behavioural triggers and support strategies. Health action plans were also in place to support people to maintain their health and wellbeing through consistent health appointments and health monitoring. The registered manager had been working with one person and their relative to discuss and record the person's wishes and preferences if they became unwell or if they died. The registered manager had approached this in a diplomatic and sensitive manner which enabled all parties to feel involved. Care plans covered end of life wishes, but no end of life care was being provided at the time of this inspection

Care plans included detailed assessments, they considered people's physical, mental, emotional and social needs. Some parts of care plans presented information using pictures so they were more accessible to people. Care plans were reviewed and updated if any changes had been identified. Relatives were invited to attend review meetings and kept informed about their family member's changing needs. Relevant health and social care professionals were involved where required. Health professionals' advice was listened to and put into practice. A keyworker system enabled people to have a named member of staff they met with regularly to talk about all aspects of their support, such as activities they had taken part in, their wellbeing and important relationships.

Each person had a detailed care plan that identified how their assessed needs were to be met. Care plans included information on their background, hobbies and interests and likes and dislikes. Staff completed daily records of the care and support they had provided and this was kept in the person's care file. The daily records evidenced that staff were supporting people according to their care plan and that they received commissioned one to one support.

Care plans included an engagement plan, looking at activities and goals. People had chosen various activities to participate in, which they enjoyed. Staff encouraged participation in activities to reduce risks of social isolation, but respected people's wishes about what they wanted to do. People told us staff supported them to regularly go out locally and further afield and made good use of the service's minibus, car and public transport. Some people went to a day centre and participated in arts, crafts and computers. Trips and days out included shopping, swimming, discos, bingo, the library, drives out and visit to a café or walk along the seafront. House activities included film afternoons, listening to music, playing games, helping in the garden and helping with household such as cleaning and washing. People had been supported to grow vegetables in a raised planter and apples from a tree in the garden were used in the kitchen to make apple crumble.

Staff were aware of what was important to people and were knowledgeable about their preferences, hobbies and interests. They had been able to gain information through talking with people and their relatives. This information enabled staff to provide care in a way that was appropriate to the person.

We looked to see how complaints were managed; but none had been received since the last inspection. People told us they would speak with the staff or registered manager if they had any concerns but told us; "There was nothing to complain about." People knew the process for making complaints, this was displayed in the service and details of advocacy services were available for people.

The registered manager was aware of the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. The service was working according to the framework.

## Is the service well-led?

### Our findings

The service was well-led. People thought the registered manager and staff were friendly and approachable. One person said, "I think the staff are good," another person told us, "The staff smile, I think they are happy to work here."

At our last inspection we found the registered manager had not notified us of some events which they were legally obliged to. For example, notifications about allegations of abuse.

At this inspection we found the registered manager was aware of when notifications had to be sent to the Care Quality Commission (CQC) and had done so as needed. These notifications tell us about any important events that happened in the service. We used this information to monitor the service and to check how events had been handled. This demonstrated the registered manager understood their legal obligations.

The provider employed 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.

The registered manager had been in post since January 2018, they were also the registered manager of two other services owned by the same provider and split their time between the three services. A deputy manager was in post at each of the services, providing continuous management oversight and a visible presence for people and staff. The registered manager was committed and supported by a staff team and senior management who had the necessary skills and experience to improve the service. The registered manager and staff worked with a clear vision for the service based on ensuring people felt the service was their home.

The provider proactively sought people's views and took action to improve their experiences. For example, although the service had a minibus, one person preferred to go out in a car. The provider purchased a car for the use of the service as well as keeping the wheelchair accessible minibus. People's choices were also reflected in the decoration of the house, furnishing and what time meals were served. The provider's quality assurance system included asking people, relatives, staff and healthcare professionals about their experience of the service.

There were regular staff meetings and hand over meetings between shifts. Staff continued to receive appropriate supervision and told us that the registered manager was supportive and they were listened to. The registered manager ensured that staff received consistent training, supervision and appraisal so they understood their roles and could gain more skills. Staff told us that the values and culture of Ravenlea were discussed at supervisions and shared by staff.

Policies and procedures governing the standards of care in the service were kept up to date, taking into account best practice and feedback from other inspections. For example, the medicines policy was reviewed

and amended following an inspection at another service owned by the same provider and rolled out to all services.

People benefitted from a quality of service that was driven by the provider and staff's commitment to monitor and improve their performance. Systems were in place to continually assess risks and monitor the quality of the service. These included managing safeguarding concerns, incidents and accidents. Audits also focused on learning about individuals and the outcomes expected from service delivery. For example, all care plans were being reviewed to develop a consistent format and ensure goals and aspirations remained relevant and achievable. This meant some long term goals were broken down into smaller tasks to help develop people's confidence and progress toward meeting their goal.

The registered manager completed and audited an improvement plan for the service. This included areas such as the effectiveness of care, paperwork and staff performance, training and staff competency. This meant that the registered manager consistently monitored the service against the provider's quality standards to improve people's experiences of care. There was on-going commitment from the management team and provider to maintain consistently good levels of service for people at all times. The registered manager continued to work closely with social workers, referral officers, and other health professionals.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.