

Lycette Care Limited

The Warren

Inspection report

Cluden Road
Northam
Bideford
Devon
EX39 3QF

Tel: 01237476932

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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

About the service

The Warren is a nursing home providing personal and nursing care to 25 people aged 65 and over at the time of the inspection. The service can support up to 27 people.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Since our last inspection improvements had been made. Extensive and detailed personalised care plans and risk assessments were in place. Staffing levels had been increased and protective care time overlap shifts were in place to enable meaningful time with people. An extensive activities programme had been implemented which provided people with physical and emotional stimulation.

Robust audits had been implemented in consultation with Local Authority Quality Assurance Improvement Team (QAIT), at the request of the registered manager. The QAIT team offers advice and support to providers to meet the quality standards and requirements of regulators and local authority. Audits reviewed people's care plans and risk assessments, incidents and accidents, staffing needs, infection control and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans and risk assessments had extensively been updated, an activities programme implemented, and new policies and procedures put in place to guide staff.

Staff spoke positively about communication as a staff team. Several voiced difficulties adjusting to all the changes which had been implemented by the registered manager. Staff did however recognise that changes had to be made in order for the service to meet health and social care regulations.

The service provided safe care to people. People felt safe and supported by staff. One person commented, "The staff are brilliant. I feel safe here and well cared for." A relative commented, "My husband is very safe here." Medicines were safely managed on people's behalf.

People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff treated people with dignity and respect when helping them with daily living tasks. The service ensured people led meaningful and fulfilled lives.

Some improvements were needed with the recruitment and selection process in place. There were certain issues with three staff members recruitment procedure, with regards to start dates and receipt of paperwork

prior to starting. We fed this back to the registered manager and established there appeared to be some communication issues. The registered manager immediately agreed to carry out an audit of all staff files. The second day of our inspection found that the registered manager had already started auditing the staff files of all new starters and these had followed the recruitment procedure correctly. People received effective care and support from staff who were well trained and competent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 22 January 2019) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Warren on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Warren

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector and one assistant inspector on the first day and one inspector on the second day.

Service and service type

The Warren is a 'care home' in one adapted building providing personal and nursing care to 25 people at the time of the inspection. The service can support up to 27 people. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection, we used the information the provider sent us in the Provider Information Return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people receiving a service, four relatives and 14 members of staff. We spent time talking with people and observing the interactions between them and staff.

Some people living at the service were unable to communicate their experience of living at the home in detail with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

We reviewed two people's care files, four staff files, staff training records and a selection of policies, procedures and records relating to the management of the service.

After the inspection

After our visit we sought feedback from health and social care professionals and relatives to obtain their views of the service provided to people. We received feedback from four professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. This inspection found improvements had been made and this key question rating has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's individual risks were identified, and extensive risk assessment reviews had been carried out to identify ways to keep people safe. For example, risk assessments for falls management, medical conditions and eating and drinking. Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible.
- The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Staffing and recruitment

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff generally confirmed people's needs were met promptly, and there were sufficient numbers of staff on duty. We observed this during our visit when people needed support or wanted to participate in particular activities. However, some staff felt staffing levels were problematic on occasions due to people's high dependency needs. The registered manager explained that staffing levels had been increased since our last inspection and overlap shifts were also now in place to enable people protective care time. In the morning

there was one nurse and eight care staff. In the afternoon there was one nurse and six care staff. Nights were covered by one nurse and three care staff.

- The staff members were supported by an activities team, catering staff, cleaners, maintenance person, clinical manager, deputy and registered manager. The protective care time enabled people to engage in meaningful activities either on one to one or group basis. For example, pamper and aromatherapy sessions.
- The registered manager told us how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that generally regular staff would fill in to cover the shortfall, so people's needs could be met by staff who knew them. On occasions, consistent agency staff would fill in. In addition, the service had management on-call arrangements for staff to contact if concerns were evident during their shift.
- Improvements were needed to the recruitment and selection process in place. We did find certain issues with three staff members recruitment procedure, with regards to start dates and receipt of paperwork prior to starting. We fed this back to the registered manager and established there appeared to be some communication issues. The registered manager immediately agreed to carry out an audit of all staff files. By the second day of our inspection the registered manager had already started auditing the staff files of all new starters and these had followed the recruitment procedure correctly and was also now in charge of recruitment practices.
- Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This helped ensure staff were safe to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- The service provided safe care to people. One person commented "The staff are brilliant. I feel safe here and well cared for." A relative commented: "My husband is very safe here." Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. Interactions between people and staff were relaxed and friendly and people were happy. A professional commented: "As a team we have never had any concerns about placing patients there (The Warren), nor have we received any negative reports. We would not have concerns about placing there in the future."
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff were currently in the process of refreshing their safeguarding knowledge.
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow.

Using medicines safely

- People's medicines were managed so they received them safely.
- Appropriate arrangements were in place for obtaining medicines. The home received people's medicines from a local pharmacy each month. When the home received the medicines, they were checked, and the amount of stock documented to ensure accuracy.
- Medicines were kept safely in a locked medicine trolley in a locked clinic room. The trolley was kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.
- Staff received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines.

Preventing and controlling infection

- We found all areas of the home to be clean and free of malodours.
- Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

Learning lessons when things go wrong

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments had been updated. Where incidents had taken place, involvement of other health and social care professionals was requested where needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People felt staff were well trained. One person commented: "The staff know how to do their jobs." A relative commented: "Staff appear well trained."
- Staff completed an induction and probationary period when they started work at the service. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone.
- Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Staff recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on a range of subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling and nutrition and hydration. In addition, staff received training in topics specific to people's individual needs. For example, dementia awareness and skin care. Staff had also completed nationally recognised qualifications in health and social care, including the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. A staff member commented: "I have had all the relevant training, I have just signed up for end of life care." A professional commented: "(Registered manager) was very responsive and keen to take on board as much guidance, training, documentation and signposting as was available."
- Staff received on-going supervision in order for them to feel supported in their roles and to identify any future professional development opportunities. Annual appraisals had recently been booked. Most staff confirmed that they felt supported by the registered manager. A staff member commented: "(Registered manager) is really supportive." However, others felt it hard to approach the registered manager, preferring to speak with the provider.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew how to respond to specific health and social care needs. They spoke confidently about the care they delivered and understood how this contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff said people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. For example, when recognising changes in a person's physical health condition.
- People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. For example, GP and various specialist clinicians. Records demonstrated how staff

recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 when this is in their best interests and legally authorised under the MCA. 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.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. People's individual wishes were acted upon, such as how they wanted to spend their time.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the (MCA). People's capacity to consent had been assessed and best interests' discussions and meetings had taken place. For example, the need for a person to be in a care setting. This demonstrated that staff worked in accordance with the MCA.
- DoLS applications had been made to the relevant local authority where it had been identified that people were being deprived of their liberty. The registered manager was aware that authorisations required regular review.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. One person commented: "The food is very good, I have something different if I want." People had their preferred meals documented, which also helped inform the menu.
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored on a regular basis. Where a person's ability to eat or drink changed, staff consulted with health professionals. For example, speech and language therapists had been involved with people who had issues with communication and/or eating and drinking. As a result, people were prescribed specific diets to reduce any risks, and staff followed the guidance.
- The cooks were aware of who needed soft diets and ensured food was separated so they could appreciate the different tastes and textures.

Adapting service, design, decoration to meet people's needs

- The Warren is set over three floors accessible by two lifts. People's individual needs were met by the adaptation, design and decoration of the premises. People had a variety of spaces in which they could spend their time and their bedrooms were personalised. Reasonable adjustments had been made to

enable people to move around as independently as possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Staff were kind and compassionate and treated people with respect. We observed staff responding to people in a kind, respectful and compassionate manner. This was demonstrated by gentle and spontaneous interactions from staff to people. For example, ongoing monitoring to ensure that people were comfortable, and their needs were being met. Reassurance and encouragement were offered when required. People and their relatives commented: "The staff are very friendly, I feel well cared for"; "The staff are very good. Staff are kind and caring"; "Cannot fault the staff, they are brilliant. They (staff) look after mum really well, anything she needs done is done"; "The staff are lovely. They look after me very well. I am very happy and have a nice room and "My husband is very well cared for. The staff are very good, provide lovely care."
- Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.
- Through our conversations with staff it was clear they were committed, kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately. One staff member commented: "We are a good team, very conscientious with the care."
- There was a strong, visible person-centred culture. This was evident from all staff within all roles. The person-centred culture was embedded at all levels. For example, staff valued people and knew their preferred daily routines, likes, and dislikes. The service ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. This helped to promote and ensure the service was person centred.
- Staff adopted a strong and visible personalised approach in how they worked with people. Staff spoke of the importance of empowering people to be involved in their day to day lives. People were involved in their care planning where appropriate.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks. One person commented: "The staff are very respectful, and they protect my dignity."
- Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.
- Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care.
- Staff were aware of the need to ensure people's diversity was respected. They told us how they supported

people with different likes and dislikes. For example, who liked a particular routine and the preferred gender of staff when receiving personal care.

- The service had received several compliments. These included: 'A big thank you for the wonderful care you gave my mother. Many thanks for looking after her. I admire the work all your carers and nurses do' and 'Just a note to say thank you for all the kindness and care you gave to mum in her final years. We are so glad she spent this time with such lovely people and was able to keep her personality to the end.'

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. This inspection found improvements had been made and this key question rating has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff knew people very well and provided care and support which was person centred and took account of their needs and wishes. Care files included personal information and identified the relevant professionals involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate.
- Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files contained information about people's history, which provided a timeline of significant events which had impacted on them, such as their physical and mental health. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked. This helped them to provide appropriate care and support.
- Since our last inspection people's care plans had been updated and provided extensive detail of people's individual care and support needs. They were broken down into sections, making it easier to find relevant information. Examples included, physical and mental health, nutrition, continence, skin care, mobility, personal care, emotional needs and oral hygiene.
- An extensive activities programme had been implemented since our last inspection which provided people with physical and emotional stimulation. These activities formed an important part of people's lives. People engaged in a variety of person-centred activities and spent time in the local community on a one to one and group basis. For example, trips to local places of interest, discussion groups, reminiscence therapy, fitness and exercise, quizzes, cooking, themed days and arts and crafts. People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends. Relatives were welcomed within the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We looked at how the provider complied with the Accessible Information Standard. Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear communication plans explaining how people communicated. For example, short sentences, eye contact and time to respond and looking for people's facial expressions and gestures.

End of life care and support

- People were supported to have peaceful, comfortable and dignified end of life care in line with national best practice guidance. At the time of the inspection there was no-one receiving this type of service. The registered manager said, in the event of this type of support, they worked closely with the community nursing team, GPs and family to ensure people's needs and wishes were met in a timely way.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people, and people that matter to them, to raise issues, concerns and complaints. This was through discussions with them by staff on a regular basis and people having access to complaint forms. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.

- A system was in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame and other professionals informed and involved where appropriate.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. This inspection found improvements had been made and this key question rating has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Robust audits had been implemented in consultation with the local authority Quality Assurance Improvement Team (QAiT) at the request of the registered manager. The QAiT team offers advice and support to providers to meet the quality standards and requirements of regulators and local authority.
- Audits reviewed people's care plans and risk assessments, incidents and accidents, staffing needs, infection control and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans and risk assessments had extensively been updated, an activities programme implemented, and new policies and procedures put in place to guide staff. A professional commented: "We did visit the (registered manager) when she was relatively new in post. She struck me as hard working, dedicated and keen to make changes to the service. At the time she felt improvements were being made but there was still work to do. At the time they were rewriting all care and support plans and risk assessments, actively seeking more feedback and input from residents, family and staff and putting a significant focus into activity and occupation within the home as there had previously been very little."
- The service had notified the Care Quality Commission (CQC) in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the home, which is a legal requirement as part of their registration.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff spoke positively about communication as a staff team. Several voiced difficulties adjusting to all the

changes which had been implemented by the registered manager. Staff did however recognise that changes had to be made in order for the service to meet health and social care regulations. Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change.

- The service had implemented a duty of candour policy to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. This set out how providers need to be open, honest and transparent with people if something goes wrong. The management team recognised the importance of this policy to ensure a service people could be confident in.
- At the time of our inspection the service had a manager registered with the Care Quality Commission. However, following our inspection the registered manager ceased working at The Warren. The provider was now spending more time at the home while they could make an informed decision about a new manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views and suggestions were taken into account to improve the service. Resident meetings took place which took into account people's views about the food, activities and choices. Surveys had been completed by people using the service and relatives. The survey asked specific questions about the standard of the service and the support it gave people. Where suggestions had been made these had been implemented. For example, a keyworker scheme implemented.
- The registered manager recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in staff practice at The Warren.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and nurses. Regular reviews took place to ensure people's current and changing needs were being met.